

VOLUME ONE • NUMBER FOUR • WINTER 1980

HUMAN DEVELOPMENT

**The Jesuit Educational
Center for Human Development**

Celibate Anxiety



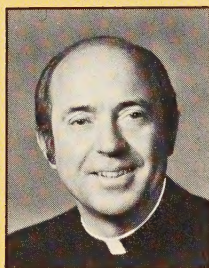
Tomorrow's Lay Ministry



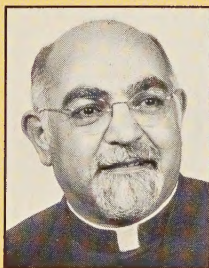
The Religious Alcoholic



The Poverty Paradox



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INFORMATION FOR AUTHORS

The editors are pleased to consider for publication articles relating to the ongoing work of those involved in helping other people through religious leadership and formation, spiritual direction, and counseling.

Manuscripts should be submitted in duplicate to the managing editor, Charles Blackwell, 130 John St., New York, N.Y. 10038. Copy should be typewritten double spaced on 8½ x 11 inch white paper with generous margins on each page. Manuscripts are received with the understanding that they have not been previously published and are not currently under consideration elsewhere. Feature articles should be limited to 5,000 words with no more than 10 listings in the bibliography; filler items of between 500 and 1,000 words will be considered. All accepted material is subject to editing.

Authors are responsible for the completeness and accuracy of proper names in both text and bibliography. Acknowledgments must be given when substantial material is quoted from other publications. Provide names of author(s), title of article, title of journal or book, volume number, page(s), month and year, and publisher's permission to use material.

Illustrations, if any, should be submitted as high-quality, glossy, unmounted black-and-white photographic prints. Do not send original artwork.

Letters are welcome and will be published as space permits and at the discretion of the editors. Such communications should not exceed 600 words and are subject to editing.

All submissions should be accompanied by a stamped, self-addressed return envelope.

EDITORIAL

CLOSING ONE YEAR—OPENING THE NEXT

Four times a year sounds like an infrequent appearance for any publication; at least it seemed so to our editorial staff last spring when we went to work creating our first issue of *Human Development*. But this past year flew quickly by, and it is almost impossible for us to believe that the issue you now hold represents our fourth mailing, bringing the publication's inaugural year to a close.

We are deeply grateful to all who have given us encouragement and support this year, especially the more than 5,000 subscribers to whom this winter issue is being mailed. Any venture such as this depends on the contributions of so many persons that it is virtually impossible to express the deserved gratitude to all of them—subscribers, publishers, editorial board members, researchers, typists, printers, and friends who have helped us gain enough financial and moral support to launch this project and to make it available to a worldwide audience. All the continents are represented on our mailing lists, and our daily grateful prayers ask the Lord to sprinkle His blessings on our benefactors in all directions.

This issue looks ahead to the new calendar year and to what is waiting down the road for the religious communities being buffeted by the fast changing times in which we are living. Father James Torrens, S.J., provides a thought-provoking poem and a reflection titled "Shape of A Day" to remind us that the year just beginning will ultimately turn out to be whatever we choose, day-by-day, to make it. "Celibate Anxiety" continues our overview of emotions, which began with an exploration of depression, anger, and hostility in earlier *Human Development* issues. We link this potentially painful affective state with problems that occur in the lives of vowed religious and clergy whose normal instinctive impulses, desires, and fantasies at times conflict with their ideals and commitment.

One of the ways in which thousands of religious men and women self-destructively deal with their own distressing emotions and conflicts is through the excessive use of alcohol. Medical and psychological clinicians are encountering increasing numbers of early- and not-so-early-stage alcoholics among seminarians, brothers, sisters, and priests, even at surprisingly young ages. The problem is also becoming more frequent among those who are moving into the later years of life, especially around the time of retirement. Another problem—one of the most urgent facing the Church in our part of the world—is that of training the laity to take their rightful place within their communities and to function effectively in ministry. Trinitarian Brother Loughlan Sofield, a widely experienced worker in this field, has provided what we think are some very illuminating insights in his interview entitled "Lay Ministry Tomorrow."

Looking ahead, we hope the year 1981 will be a most abundantly blessed one for all our readers. We also hope it will bring a tall pile of manuscripts and letters from our readers who have ideas and experiences to share with other superiors, spiritual directors, formation teams, and religious leaders around the world. Our New Year's resolution is to do all we can to make the second year of publication a better one than our first; we need your help to accomplish this.



James J. Gill, S.J., M.D.

LETTERS TO THE EDITOR

In your Summer 1980 issue, there appeared an article, "Religious Formation As It Looks Today: Interview with Father Paul Molinari, S.J." In the article there is mention of the Church's new document on religious formation. Since we are working on the final revision of our Constitution, we would like to have a copy of the document. Is it available at present? Where can we obtain a copy of it? Any information you can send me would be most appreciated.

Sister M. Salesia
Chicago

Editor's note: The publication date of the document has been delayed. We will notify our readers and possibly print extracts from it as soon as the date of publication is decided in Rome.

While in Brazil, I put the magazine into the hands of my Indonesian colleague who is most eager to get good reading material for the Carmelite priests and brothers there and for the other religious who are involved in the Central Theological School in Malang. He said that *Human Development* is something he has been looking for, for a long time.

Thomas E. McGinnis
Maspeth, New York

I looked forward to the advent of your new magazine with genuine eagerness. You are to be complimented on its fine quality, both as to content and format. I was pleased to see, too, that you addressed the question of sexist language in your editorial, but I was disappointed in your decision to opt for the status quo. Since you invited your readers to let you know their preferences, I would like to register a plea for the inclusion of feminine pronouns. Since it becomes cumbersome to use both masculine and feminine pronouns together, may I suggest your copying the style of Matthew Fox, who uses the feminine in one paragraph and the masculine in the next? St. Luke used a similar technique in portions of the Gospel in which he followed a story about a man with one about a woman.

I appreciate your attention to this matter. In your sensitivity to the women's movement, it is my hope that you will assist in raising consciousness. It seems to me that the value of justice outweighs the value of grammatical usage and that language is one way to convey our sense of values.

Sister Joan Henehan, C.S.J.
Honolulu

Human Development promises to be extremely interesting and to fill a gap—or what could be a gap—in our approach to counseling and spiritual direction. May I add a personal comment here—that in the field of counseling and spiritual direction there is no substitute for personal experience in poverty, weakness, and in the humbling process of seeking and getting help from another. I think there are a fair number of religious who think they can counsel after doing a course or some reading.

Sister Pamela Hussey
London

In your last excellent issue you mentioned, in connection with the tranquilizer Valium, that 68 million prescriptions for this and similar drugs were written in the U.S. during 1979. You didn't mention that this number of prescriptions represents more than 4 billion pills or capsules, according to the National Institute of Drug Abuse; the Commerce Department figures that the cost of all these, measured in terms of dollars, is over 2 billion yearly. If you calculate the toll, however, in terms of lives, statistics compiled by the Drug Alert Warning Network (DAWN) indicate that at least 900 deaths are attributable to Valium and more than 100 to Librium during the course of a year. Many of these are caused by overdose, either accidental or intentional. You identified Valium as risky. Maybe you would do us a greater favor by pointing out its potential for lethality.

Charles Reutemann, F.S.C.
Cambridge, Massachusetts

Thanks to Sister Eileen Kelly for sharing her experiences with us in your fall issue. I have been moved, inspired, and awed. Her remarks truly reflect who she has been for others: a reality check, a challenge, a burst of joy, a woman of faith. I am grateful for her nine years of gift to us.

Sister Doreen, S.S.A.
Victoria, British Columbia

You will be happy to learn, I am sure, that in line with *Human Development's* emphasis on the formation of the whole person, we conducted, in Burlingame, California, a nine-day, live-in workshop for

twenty Sisters of Mercy and called it "Fully Alive—an Experience in Holistic Living." They jogged, dieted, saw a Shakespearean film, read their own poetry, sang the songs they had written for each other's enjoyment, celebrated liturgies, learned Zen and yoga, considered ways of coping with everyday stress, danced, discovered the benefits of relaxation techniques and massage, and much more. It was enormously successful, if you can judge by the enthusiastic and grateful response that was so evident.

Sister Mary Brian Kelber
San Francisco

ATTENTION: New subscribers to HUMAN DEVELOPMENT

Issues I and II are out of print. If you wish to order complete copies of issues III or IV, enclose \$5.00 for each complete copy and simply indicate the appropriate roman numeral, i.e., Fall Issue III, Winter Issue IV.

To order reprints of articles that have appeared in previous issues of HUMAN DEVELOPMENT, simply note the identification numbers on your subscription coupon. [Cost—\$1.50 each (U.S.); \$2.00 each (all others)] **Minimum order \$6.00**

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CELIBATE ANXIETY



James J. Gill, S.J., M.D. and Linda Amadeo, R.N., M.S.

Sigmund Freud's early writings on anxiety continue to trouble some celibates. Their antagonistic reaction is not surprising; Freud wrote that anxiety, one of the most distressful of human experiences, is generated whenever sexual impulses are denied an appropriate sexual discharge. The erotic feelings experienced on such an occasion, he believed, are transformed and released in the form of morbid anxiety. Countless religious celibates interpreted this to mean that choosing life-long chastity is inviting perennial anxiety. Moreover, Freud's theory that anxiety lies at the root of all neuroses was taken as an implication that the religious celibate, by denying the "appropriate sexual discharge" to inevitable erotic impulses, will sooner or later turn into a neurotic.

Many religious people who have not studied Freud's theories remain unaware of the fact that the originator of psychoanalysis abandoned his earlier thinking about the origin of anxiety and

eventually recognized that this emotion, or affect, arises in two different ways. What he called "automatic anxiety" occurs in response to overwhelming stimuli, either external or internal in origin, that the psyche finds too strong to master or discharge. Examples might be the pounding, relentless noise of rock music played too close to the ears of an aging lover of Brahms, or a child who is so overcome with excitement over the prospect of attending a party that he becomes physically ill.

According to Freud, the second type of anxiety, which he termed "signal anxiety," is characteristic of neurosis. Psychoanalyst Charles Brenner describes it in his *Elementary Textbook of Psychoanalysis*: "When the ego opposes the emergence of an id impulse it does so because it judges that the emergence of that impulse will create a danger situation. The ego then produces anxiety as a signal of danger." The impulses to which Brenner refers may be sexual, aggressive, or social. What makes

a certain impulse dangerous for a given individual is its lack of conformity to the person's image of what he should ideally be—his “ego ideal” in Freudian terminology. Thus, a religious celibate would interiorly perceive an impulse to behave in a sexual manner as a threat to his well-being and experience anxiety as a signal that a conscience-forbidden event is already in its earliest stage. The more rigid the idealism the greater the likelihood that he will repeatedly suffer from anxiety and its accompanying symptoms.

Obviously, it is possible for celibates to experience anxiety and to become neurotic even though Freud's earlier theory no longer applies. In fact, an unmarried Christian may bring upon himself a great deal of anxious suffering if he is at all unrealistic about the requirements the Church imposes on the sexual, aggressive, and social aspects of his life. The aim of this article is to explore various aspects of anxiety in relation to the mental health, maturity, community life, and ministerial effectiveness of celibate religious persons. I will attempt to highlight especially what I think formation personnel, spiritual directors, and religious superiors should keep in mind.

DEFINITION

In *Modern Clinical Psychiatry*, psychiatrist Lawrence Kolb describes anxiety as “a painful uneasiness of mind, a state of heightened tension accompanied by inexpressible dread, a feeling of apprehensive expectation.” He also calls it a “signal of impending threat to the personality in the context of the social environment.” Psychoanalyst Herman Nunberg, in his *Principles of Psychoanalysis*, defines anxiety as “a biological reaction of the ego with the aim of self-preservation,” and Henry Laughlin, M.D., in *The Neuroses in Clinical Practice*, sees it as “the apprehensive tension or uneasiness which stems from the anticipation of imminent danger, in which the source is largely unknown or unrecognized.” The affect (the anxiety itself) is usually within the conscious awareness of the person experiencing it and motivates voluntary actions that aim at relieving the unpleasant sensations being felt. However, some anxiety is below the person's level of awareness; he does not recognize that he is anxious but finds himself urged from within toward impulsive or compulsive actions. He gives himself a reasonable explanation (rationalization) for performing these when, in fact, his behavior is unconsciously motivated to keep him from feeling anxious or guilty. The compulsive, or task-oriented, worker fits this description of an unconsciously anxious person. Besides causing behavior of this sort, unconscious anxiety can produce the symptoms of anxiety states and neuroses that we will examine later. It is particularly useful for confessors and spiritual directors to be aware that sexual be-

havior, resulting in orgasm, is frequently a means of eliminating anxiety of unconscious origin.

Anxiety should be carefully distinguished from fear. The two have much in common, since both are signals of danger, but there are some important differences. Fear is an emotional response to an actual, current, external danger. The emotion subsides when the threat ceases, is fled from, or is conquered. Most frequently, the danger eliciting fear relates to illness or physical injury. Anxiety, on the other hand, is not referable to specific events or objects; the person experiencing it is usually unaware of its source. Anxiety would be exemplified in the discomfort of a celibate priest who, in the presence of a very attractive woman, is unconsciously motivated to drink a little more alcohol than usual. He may not realize that he is somewhat tense; nor does he recognize that his anxiety arises from a threat he feels within himself in response to her attractiveness. He will probably rationalize his increased drinking by telling himself he is simply more thirsty because the room or the day is warmer than usual.

Child psychiatrist E. James Anthony, writing in the *Comprehensive Textbook of Psychiatry II*, clearly distinguishes anxiety from normal fear in the following ways: “(1) It is diffuse or free floating and not restricted to definite situations or objects. (2) It is not accompanied by any degree of insight into its immediate cause. (3) It tends to be experienced in terms of its physical manifestations, but these are not recognized as such by the person concerned. (4) It is prompted by the anticipation of future threats, against which current avoidance responses would not be effective. (5) It is not controlled by any specific psychological defense mechanisms, as are the other neurotic reactions.” Defense mechanisms are the unconscious ways in which the ego works to prevent anxiety from arising. During the development of the personality, beginning in infancy, these devices automatically evolve and work habitually to protect the individual from experiencing whatever painful affects might afflict him and from the physiologic accompaniments of these emotions, feelings, or moods.

REPRESSION IS CENTRAL

Perhaps the most important defense mechanism that defends the personality from anxiety is the one Freud called repression. This, like the other ego defense mechanisms we will consider, facilitates the psyche's dealing with inner conflicts arising from the competition of irreconcilable desires and strivings, and tendencies toward acts that constitute a threat to our self-image. Repression works by excluding from conscious awareness the desires, impulses, thoughts, and strivings that cannot be reconciled with a person's conscious self-requirements and rational motivations. In the unconscious, these remain inaccessible and unrecog-

nizable. Repression also serves to block the recall of memories and the expression of inner drives that cannot be comfortably controlled by the conscious self. Experiences involving guilt, shame, or lowering of self-esteem are always likely to be pushed into the unconscious, lest the ego be afflicted by them.

Impulses that the ego can handle only by repression, Kolb explains, "retain their dynamic drive and tension. They continue to live a subterranean life beneath a conventional surface, yet they are liable to manifest their influence in traits of personality, in special interests, in some system of beliefs or code of values, or in more marked form as neurotic, psychosomatic or psychotic symptoms." It is possible to think of repression in either or both of two ways. It is initiated to keep anxiety from developing, or it is a process triggered by anxiety when unbearable ideas and impulses threaten to enter conscious awareness.

OTHER DEVICES NEEDED

There are times, however, when repression alone cannot prevent anxiety, and other mechanisms are called into play. Projection, for example, can help a person disown a sexual or aggressive impulse and attribute it to someone else. Even an unacceptable self-destructive wish can be turned, by use of the mechanism called symbolization, into a voice over which the person claims little or no control.

Most people are aware of the fact that an array of mental mechanisms exist within every individual, even if they do not know the technical labels for them. They know that people are inclined to make up for real or fancied deficiencies by overcompensating; that individuals often see only what they want to see; that emotional feeling is frequently transferred from its actual target to a substitute one (as when a pet is treated with hostility while, in fact, another person is actually being resented); that adults under stress sometimes behave in a manner characteristic of adolescents or children. Most persons would have difficulty accurately naming these mechanisms as compensation, denial, displacement, and repression. There are other mechanisms, familiar to many, that carry the names rationalization, identification, sublimation, undoing, and others that can be found in any basic collegiate textbook on abnormal psychology or psychopathology.

Another form of ego defense that does not appear as frequently as those just named deserves special mention here. It is called altruism and consists of acting in a way that provides real benefit to others. Philanthropy is one example, as is ministry undertaken in a way that satisfies conscience and leaves the minister gratified. Researcher George Vaillant, M.D., in his brilliant study of male human development, *Adaptation to Life*, describes altruism as one of the mechanisms characteristic of mature

**Freud wrote that
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whenever sexual
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discharge.**

functioning, although he goes on to observe that it can be used excessively. Many religious persons who spend their lives constantly and energetically coming to the aid of others would be surprised, I believe, to learn that their motivation is in large part unconscious and arises from a need to hold down their anxiety rather than from a spiritual source, as they would like to think. When altruism is carried to excess, the personality becomes rigid and inflexible. When this happens, there can be too much give and too little take; the person becomes enslaved to his need to do good, and it becomes hard for him to find a way to do anything beneficial for himself or to accept anything anyone else might do for him.

CELIBATE REACTION FORMATION

A final mechanism, and one that plays a heavy role in many celibates' lives, is that which attempts to reverse the effort of repressed thoughts, wishes, and impulses by cultivating characteristics sharply opposed to them. This operation, called reaction formation, is most clearly evident in cases of prejudice. For example, when a religious person who is strongly repressing his own sexual wishes and impulses is repeatedly seen displaying intense hostility toward others whom he fiercely accuses of being sexually immoral, he is generally showing, through his extreme intolerance, his own intense need to see himself solidly established "on the side of the angels," and therefore without fault. Another way in which celibates sometimes manifest reaction formation is by hiding inner feelings of hostility beneath an everpresent, outward facade of "sweet-

ness and light." Unable to accept the fact that they are experiencing this totally unthinkable emotion, they unconsciously adopt an attitude of excessively loving concern for others. Again, they wouldn't dream they were doing so.

It should be noted that reaction formation is not always an undesirable defense against anxiety, despite the examples just given. Perfectionistic and uncompromising character traits are often reaction formations against self-forbidden tendencies, impulses, or desires. In fact, the traits thus adopted frequently reveal the troublesome aspects of an individual's personality. Both the exaggerated quality and, at times, the inappropriateness of these characteristics disclose their defensiveness. For example, effusive expressions of gratitude may cover hostility; too much politeness can hide resentment; overly aggressive behavior and pugnacity can obscure a deep-seated sense of insecurity; submissiveness can disguise aggressiveness; and a smiling alcoholic's excessive amiability may be camouflaging an intense hostility of which he himself is not aware.

CAUSES OF ANXIETY

The Freudian understanding of anxiety's origins has already been mentioned; other psychotherapists have contributed alternate explanations. Otto Rank, who regarded the life history of a person as an endless series of separations beginning at birth, recognized anxiety in each of these separations; Alfred Adler viewed anxiety as a consequence of the recognition of one's own inferiority; Karen Horney saw it resulting from a threat to any developed pattern upon which the person feels his security depends; Harry Stack Sullivan believed anxiety to be caused by empathetic transmission from a meaningful other person; John Bowlby stated that it resulted from insecurity flowing from faulty bonding in infancy; Carl Jung held that anxiety is the individual's reaction to the invasion of his conscious mind by irrational forces and images from the collective unconscious; and Aaron Beck identifies the anxious affect as the consequence of abnormal thinking patterns.

Existentialists perceive anxiety to be caused by the realization that the individual's value system is endangered, rendering life and existence meaningless. Rollo May, in his recently revised book *The Meaning of Anxiety*, has written one of the most comprehensive, illuminating, and interesting studies of the subject ever attempted. He carefully assesses the cultural, historic, biologic, and psychologic aspects of various theories of anxiety, then synthesizes his own.

ANXIETY'S EFFECTS

Psychologist James Coleman has developed a useful list of the effects of various levels of anxiety.

Responses to slight anxiety include: general alerting; increased sensitivity to outside events; physiologic mobilization; effective integration of behavior; and an increased ability for productive behavior. Obviously, a little anxiety can prove beneficial. But moderate anxiety brings less spontaneity, rigidity and reliance on safe habitual responses, reduced ability to improvise, more effort needed to maintain adequate behavior, and narrowing and distortion of perception.

Severe anxiety, according to Coleman, can be expected to produce the following: a breakdown of behavior organization; inability to distinguish between safe and harmful stimuli; stereotyped, unadaptive, random-appearing patterns of behavior; irritability, distractability, and impaired learning and thinking. Furthermore, high-level anxiety is not conducive to creativity or to leadership.

IDENTIFYING ANXIETY

People who serve as spiritual guides or who supervise the religious formation of others should be able to recognize the signs and symptoms of anxiety that may be affecting the spiritual, moral, intellectual, and social life of those in their care—especially when those individuals may not be aware of their own emotional state. The signs and symptoms are many and diverse. A breakdown of some of them is shown on page 10.

A person who manifests frequent or continuous signs of anxiety should always be referred to a physician for evaluation since not all anxiety arises from psychologic causes. Many of the symptoms of anxiety just mentioned are frequently signs of such medical problems as hyperthyroidism, epilepsy (grand mal type), brain tumor, presenile dementia, drug (including alcohol) withdrawal, stimulant drugs, excessive caffeine (from coffee, tea, or soft drinks like Coke), and angina pectoris. Thus, the physician who examines the anxious person is faced with the task of determining whether the anxiety represents early evidence or an associated feature of a more fundamental psychiatric disorder such as schizophrenia, psychotic depression, or drug abuse; whether it masks the presence of an underlying medical or neurologic disease; whether it is a secondary psychologic adjustment to a major emotional or physical disease; or whether it simply represents a normal, nonpathologic, psychologic reaction to a situation or event. Some over-the-counter cold remedies and nasal decongestants can cause the symptoms of anxiety, just as drugs taken to stay awake or to decrease the appetite for the sake of weight reduction often do.

CANDIDATES FOR ANXIETY

All young children manifest anxiety and fear. Most of the fears of small children can be traced directly to those expressed by their mothers; only

occasionally does a child's fear derive from personal experience. In the bombing raids in London during World War II, it was observed that even when there was severe external danger, in situations in which parents felt safe or were not frightened, their children remained comparatively calm. Anthony has stated, "With regard to chronic anxiety, apprehensiveness on the part of the mother is often clinically correlated with anxiety in the child, sometimes objectless, sometimes well defended, and sometimes wholly denied. The communication of anxiety within families proceeds on both verbal and nonverbal levels." The same child psychiatrist has also reported that anxiety-prone "overreactors" who grew up in a home with a neurotic parent have been estimated to comprise between 5% and 10% of the general population.

SIGNS AND SYMPTOMS OF ANXIETY

PSYCHOPHYSIOLOGIC

Dizziness, sweating, dry mouth, headache, difficulty swallowing, insomnia, nightmares, increased urination, chest discomfort, palpitations (pounding) of the heart, widely dilated pupils, increased blood pressure, fast pulse and breathing rate, weakness, increased muscle tension, and facial flushing.

The anxious person may complain of faintness, nervousness, breathlessness, loss of appetite, nausea, vomiting, diarrhea, shakiness, unhappiness, apprehensiveness, getting tired easily, a burning sensation, nervous chill, numbness and tingling of lips or fingertips, and trembling.

COGNITIVE AND EMOTIONAL

Decreased concentration, impaired memory, indecisiveness, thought content fragmented with ruminations about symptoms being felt, tension, panic, dread, feeling that death is imminent, feeling of helplessness, depression, feeling immobilized, agitated, frantic, and desperate for relief.

"These figures," he says, "include the small percentage of vulnerable children who respond to the challenge of ordinary experience—such as sibling birth, illness, and hospitalization—with anxiety and regression, rather than with growth and motivation."

In adult life, the anxiety-prone, neurotic person lives with an unconscious fear that one of the danger situations that occurred in childhood will happen again. Those dangers, which are experienced in every child's life and which affect ego-development, include: (1) up to about 1½ years, separation; (2) at 1 to 2 years, loss of love; (3) genital injury; and (4) after age 5 or 6, when the superego (unconscious conscience) has been formed, guilt, which represents disapproval and punishment by the superego. Consequently, those who are neurotically predisposed will be the persons likely to experience a heightened anxiety when separation, loss of love, physical injury (including surgery), and guilt become imminent issues during the adult years.

PERSONALITY TYPES DIFFER

Anxiety arises not so much from the objective conditions of reality as through the deeply rooted sensitivities of the predisposed person. Since the unconscious is not directly observable, behavioral scientists can only make educated guesses as to which attributes in which personality types are likely to give rise to anxiety-proneness. There is, as evidenced by the various theories mentioned earlier, no single cause for anxiety disorders; this is true even in individuals with similar personality patterns. Anxiety precipitants not only differ from person to person, but different sensitivities may take precedence from time to time within a single individual. University of Illinois psychologist Theodore Millon, in his book *Modern Psychopathology*, has listed the eight major personality types and commented on the situations in which they are likely to become afflicted with anxiety:

- *Passive-detached personalities* are characterized by their flat, colorless style; intense emotions are rarely exhibited; states of chronic anxiety are almost never found. A flare-up of acute anxiety or panic may occur in two diametrically opposite sets of circumstances; excess stimulation or understimulation. The first occurs when these (schizoid) persons feel encroached upon or when they sense that they are being surrounded by oppressive social demands and responsibilities; the second happens when they experience a frightening sense of emptiness and nothingness, stagnation, barrenness, and unreality.
- *Active-detached personalities* can become anxious in the same manner as their passive-

Active-ambivalent personalities openly exhibit their anxiety and use it to upset others or to solicit attention.

detached counterparts. But they are also hypersensitive to social derogation and humiliation. They distrust others, and they lack the self-esteem to retaliate against insult. When humiliated they experience a reactivation of past resentments that they have feared to express. Tension mounts, and they finally erupt into acute anxiety or panic.

- *Passive-dependent personalities* are extremely vulnerable to separation anxieties. These submissive people are likely to worry over being abandoned by the one person they lean on for continuous support. They dread new responsibilities, fearing that they will provoke disapproval and rejection by revealing their limited competency; their chronic apprehensiveness will at times expand into episodes of intense anxiety. Their emotional distress on such occasions often serves as a way of eliciting a caring and supportive response from others.
- *Active-dependent personalities* are also vulnerable to separation anxiety. They rapidly become bored with old experiences and interests and promote their own distress by moving from person to person in search of a new source of support and excitement. It is during the period between attachments that they become restless and anxious. To gain attention, they tend to overdramatize their distress.
- *Passive-independent personalities* conceal their anxiety rather than openly present an image of weakness. These narcissistic and paranoid individuals display anxiety in the form of tense hostility and resentment when they fail

to manipulate and exploit others or begin to recognize the growing disparity between their illusions of superiority and the facts of reality.

- *Active-independent personalities* may experience considerably more severe and frequent anxiety than their passive counterparts. These aggressive and paranoid persons have a dread of attachment and of being controlled, punished, and condemned by others. When memories of these experiences arise, anxiety and hostility become intense. Panic is likely to ensue whenever they feel powerless or at the mercy of the hostile forces they believe to be surrounding them. Their anxiety is not of the free-floating type found in most of the other personality types; these persons quickly find an external source to blame for the inner distress they are experiencing.
- *Passive-ambivalent personalities* are, along with the group to be mentioned next, the most frequent candidates for anxiety disorders. These conforming and paranoid people live in dread of social condemnation; every unconventional thought or deed brings fear of punishment from some external authority. They are almost constantly anxious over the possibility of failing to fulfill the demands of authority and that their hidden hostility will erupt and disclose itself to others.
- *Active-ambivalent personalities* also experience frequent and prolonged states of anxiety. These negativistic and paranoid persons openly exhibit their anxiety and use it either to upset others or to solicit their attention and support. Their frequent complaints about being misunderstood and disappointed are evidence of their intense anger and resentment. It is only when they are unable to discharge their hostility or experience a threat of separation that they are likely to develop a full-blown anxiety attack. Sometimes, to express hostility or to gain the nurturing response they need at the time, they complain of feeling anxious when they are not genuinely sensing it.

PERIODS OF ANXIETY

It is clear from this list of the various personality types that everyone is liable to experience anxiety at one time or another. Religious people know all too well, as a result of the events of recent years within the post-Vatican II Church, that change can bring anxiousness into lives that were previously tranquil. Anyone can experience anxiety when thinking about the possibility of failure, financial loss, physical pain, or aging. Reflections on the state of the world, nuclear arms, the San Andreas Fault, the job market, or petroleum shortages can and do provoke much anxiety. So do thoughts of death, upcoming examinations, potentially explo-

sive confrontations, critical decisions, and countless other threatening realities. But in most people's lives, these periods of anxiety are not severe or prolonged; they are transitory and handled without much disruption of daily life and normal activities, usually by discussing issues or situations that have provoked concern. However, not all anxiety is so quickly dispelled. In many lives, anxiety is chronic, lasting for years with only moderate fluctuations; more frequently, it lasts only for a short season, until some therapeutic effort is successful in eradicating it. Whether a person's anxiety lasts for several days or for years, the technical diagnosis is "anxiety disorder," according to the latest edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*.

ANXIETY ILLNESSES

In the *DSM-III*, anxiety disorders are divided into two major groups: those in which anxiety is the predominant disturbance, and those in which anxiety is experienced if and when the person attempts to master the symptoms. Emotional illnesses diagnosed as panic disorder and generalized anxiety disorder fall in the first of these groupings. In the second are phobic disorder and obsessive compulsive disorder. Psychiatrists have estimated that from 2% to 4% of the general U.S. population has experienced pathologic anxiety in a form that would be classified in one of the above sets of emotional illness.

A generalized anxiety disorder is one in which persistent anxiety is manifested by symptoms in three of the following four categories:

1. *Motor tension*, which includes shakiness; jitteriness; jumpiness; trembling; tension; muscle aches; fatigability; inability to relax; eyelid twitch; furrowed brow; strained face; fidgeting; and a feeling of restlessness.

2. *Hyperactivity of the autonomic nervous system*, which includes sweating; heart pounding or racing; cold, clammy hands; dry mouth; dizziness; light-headedness; tingling in hands or feet; upset stomach; hot or cold spells; frequent urination; diarrhea; discomfort in the pit of the stomach; lump in the throat; flushing; pallor; high resting pulse; and high respiration rate.

3. *Apprehensive expectation*, which includes anxiety; worry; fear; rumination; and anticipation of misfortune to self or others.

4. *Vigilance and scanning*, which includes hyperattentiveness resulting in distractibility, difficulty in concentrating; insomnia; feeling on edge; irritability; and impatience. For a personality to be diagnosed as generalized anxiety disorder, the anxiety must have been continuous for at least one month. Mild symptoms of depression often accompany it, and impairment in social or occupational functioning is rarely more than mild.

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A panic disorder is an emotional illness that involves at least three panic attacks within a three-week period in circumstances other than those marked by physical exertion or threats to the person's physical well-being. These attacks are manifest by discrete periods of apprehension or fear, and at least four of the following symptoms: breathing difficulty, pounding heart, chest pain or discomfort, choking or smothering sensations, dizziness or unsteady feelings, feelings of unreality, tingling in hands or feet, hot and cold flashes, sweating, faintness, trembling or shaking, and fear of dying, going crazy, or doing something uncontrolled. This disorder often begins during late adolescence or early adult life, but it may occur for the first time in midadult years. It may be limited to a single brief period lasting several weeks or months, may recur several times, or may become chronic. Psychiatrists have found that the separation anxiety disorder in childhood and sudden loss of a loved person predispose an individual to the development of panic disorder. It is a relatively common disorder and is diagnosed much more frequently in women than in men.

Phobic disorder and obsessive compulsive disorder will be discussed in a future issue of *Human Development*, with special emphasis on social phobias (fear of speaking or performing in public) and religious scrupulosity.

TREATMENT

Panic disorder and generalized anxiety disorder represent true psychopathology and require professional therapy if appropriate treatment is to be

WIDELY USED THERAPIES

- Psychoanalysis—to make patients more aware of their conflicts. Increased cognitive awareness brings resolution of anxiety-causing conflicts.
- Encounter groups—to use confrontation to educate a person about himself. Increased self-awareness leads to anxiety-reducing behaviors.
- Transactional analysis—to make the patient cognizant of the roles he plays. Change to a more appropriate role allows a person to master his anxiety.
- Reality therapy—to make persons more cognizant of, and responsible for, the consequences of their behavior.
- Existential therapies—to make persons more aware of the power of the will and the nature of life. Increase in willful control and self-acceptance suppresses or diminishes anxiety.
- Cognitive therapies—to decrease thoughts that exaggerate danger. Anxiety decreases because anxiety-eliciting thoughts occur less often.
- Confessionals—to enable the person to feel better. Confessing can be anxiety-reducing in and of itself.
- Operant conditioning—to change behavior by manipulating the environment.
- Sensitivity groups—to make the patient more aware of his feelings. Prescribed activities (e.g., touching) are pleasant and generally anxiety-reducing.
- Transcendental Meditation—to enable a person to have a positive mental experience. Meditating is anxiety-reducing in and of itself.
- Primal scream—to help the patient feel better. Screaming is anxiety-reducing.
- Classic conditioning—to extinguish anxiety through deconditioning of previously acquired emotional responses.
- Biofeedback—to use technology to enable the patient to educate himself about bodily functioning. Changed physiologic behavior (e.g., heart rate) results in decreased anxiety.
- Contractual family therapies—to change behavior of family members. Changed behavior results in fewer anxiety-provoking conflicts.
- Relaxation therapy—to decrease muscle tension. Diminished physical tension decreases anxiety.
- Exposure therapies—to enable a patient to remain exposed to anxiety-eliciting stimuli rather than avoiding them. Anxiety eventually dissipates with repeated exposures.

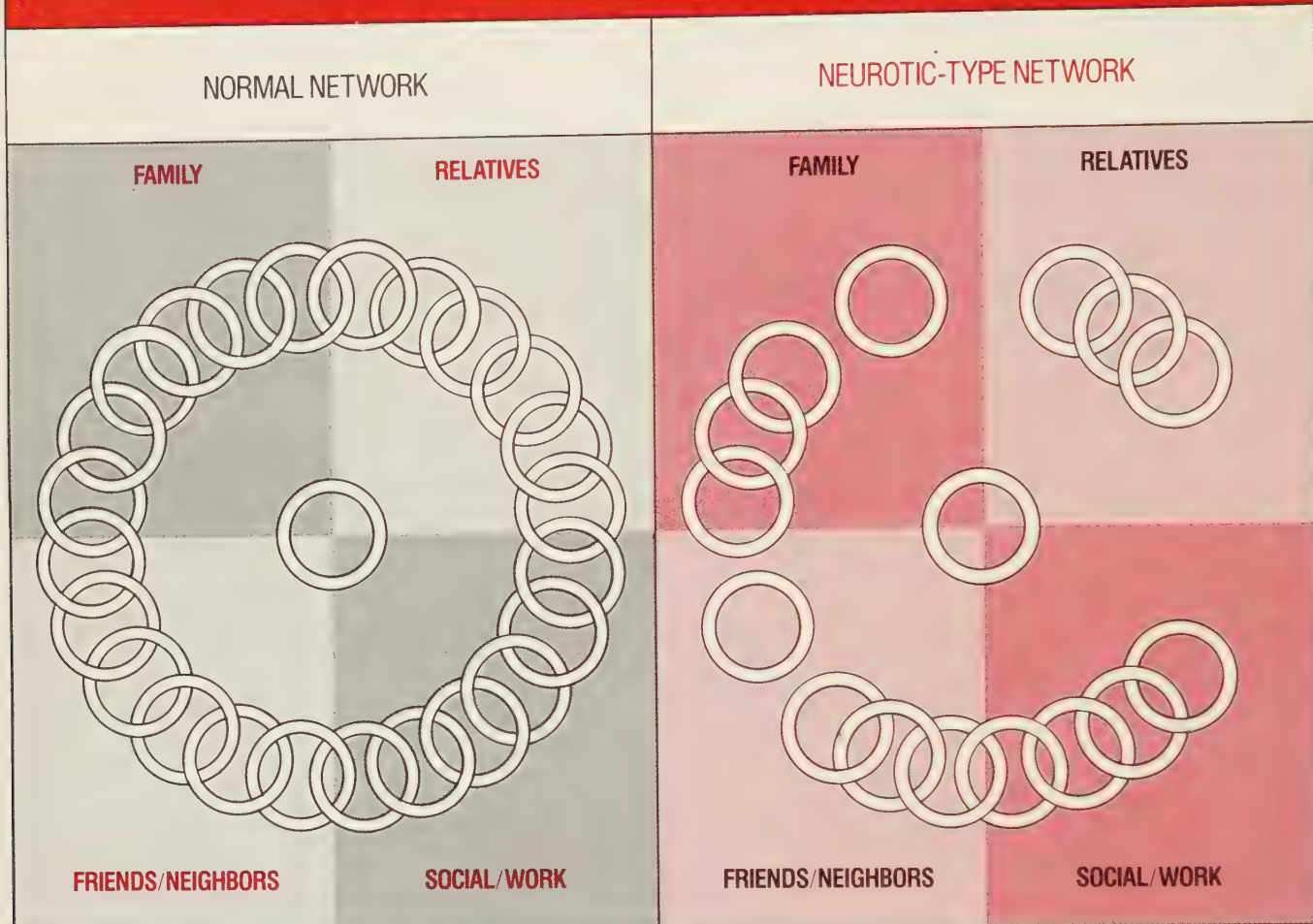
provided. They are known commonly as anxiety states or anxiety neuroses, and persons who manifest their symptoms should be referred to a psychiatrist for medical evaluation. Many physicians who do not specialize in psychiatry, such as general and family practitioners, are well qualified to treat anxiety reactions. Tranquilizers (Valium, Librium, Serax) or antidepressants (Elavil, Tofranil, Perto-frane) are often prescribed during periods of acute stress. In conjunction with these, the doctor will frequently advise his patient to change jobs, take a vacation, or move to a new location. It is important to realize that the tranquilizers a physician prescribes will effect only symptomatic relief from anxiety. If the physician and patient feel it desirable to explore the deeper roots of the disorder, or

should medical efforts at symptom relief fail, an appropriate form of therapy should be selected.

CONTEMPORARY PSYCHOTHERAPIES

There are many types of therapy available that are useful in treating anxiety that has reached pathologic proportions. The above list represents those most widely used. In some therapeutic procedures, the therapist educates the patient about himself; in others he listens, reassures, and comforts. In still others he prescribes a course of action to be carried out by the patient between treatment sessions, and sometimes he manipulates the environment surrounding his patient. Psychiatrist Frederick Berlin of Johns Hopkins University

THE PATTISON SUMMARY OF THE PSYCHOSOCIAL NETWORK



Medical School has discussed these approaches in "Psychological Therapies for Anxiety," which appeared in *Psychiatric Annals*, September, 1979.

PREVENTION TECHNIQUES

Not all anxiety can be completely eliminated by therapy. In fact, it is neither possible nor desirable to totally prevent anxiety. Some of the most creative human accomplishments are largely motivated by anxiety-producing inner conflicts, including the development of the human personality. Other inner conflicts contribute to the production of great works of music, theatre, and art; the same is true of great poetry, sculpture, communities, and sanctity—all of them involve constructive channeling of controlled anxiety. It is excessive or uncontrolled anxiety that we want to prevent. Fortunately, there are many ways in which we can usually accomplish this; most of them are related to

blocking the development of anxiety or any other form of stress response (such as anger and hostility) through relaxing the body. The physical tension that is essential to anxiety and the other stress emotions can be prevented or reduced by engaging in vigorous physical exercise, relaxation exercises, Zen, yoga, Transcendental Meditation, autohypnosis, autosuggestion, and a variety of other techniques. Some of these have been discussed in previous articles on stress in the spring and summer 1980 issues of *Human Development*. A useful discussion of anxiety prevention, based on the assumption that a great deal of anxiety results from the faulty attitudes and ways of thinking that people have learned, is found in the chapter entitled "Changing Beliefs," in *Stress, Sanity and Survival*, by psychologists Robert Woolfolk and Frank Richardson. The book is principally devoted to helping people recognize their erroneous, anxiety-producing beliefs about and responses to external

The absence of a good confidant is associated with the severity of a person's emotional symptoms.

events, and teaching them to replace them with relaxing, more realistic views.

SOCIAL NETWORK PREVENTION

One of the most interesting recent investigations of anxiety, and one that has profound implications for persons living the celibate life in or out of a religious community, is that which Dr. E. Mansell Pattison and his associates at the Medical College of Georgia reported in the September 1979 issue of *Psychiatric Annals*. The study shows conclusively that the arousal, modulation, and resolution of anxiety are critically related to the social environment—to the social unit psychotherapists term the “personal psychosocial network.” This network is egocentric (not in any pejorative sense) in that even though all the persons within it may not know one another, they are all socially related to the focal person who consciously interacts with them all. They are in a position to influence his level of anxiety at any given time because, says Pattison, they “may interfere with and diminish the individual’s coping response to stress or augment the individual’s coping response.” He also recognizes the fact that interaction within a person’s social network may be a source of stress and anxiety. The Georgia study builds upon an earlier one in which it was found that university students who reported more emotional distress had a smaller number of close friends. Moreover, the friends of the students who reported more distress had a higher percentage of emotional problems than the friends of the students who said they had less distress. Other studies have shown that the absence of

a good confidant is associated with the severity of a person’s emotional symptoms.

Pattison summarizes previous studies of the social network by disclosing that the network can be health- or pathology-promoting, depending on its composition and nature. He then describes the differences he has found in his own research between what he terms “normal” and “neurotic” networks. A normal network is one in which a person has ongoing relationships with 22 to 25 persons, with five or six persons in each of four subgroups (family, relatives, friends/neighbors, and social/work associates). An individual who has such a network around him, Pattison found, has frequent contacts with and a positive and strong emotional investment in most of these people. The relationships are valued and reciprocal, and those involved provide one another with concrete assistance when needed. The benefits that come from a normal network include: (1) the provision of a relatively consistent set of norms and social expectations for the management of stress; (2) the ready mobilization of individuals and groups in the network who can respond to him when he is under stress; (3) a continuous flow of positive emotional support to the person; (4) available help whenever needed; (5) relatively conflict-free relationships, which tend to be stress-reducing rather than stress-inducing or stress-maintaining; (6) the freedom from a single group that might impose a closed “group tyranny”; (7) the accommodation of a loss or addition of important persons in the network, since the network is drawn from a larger pool of other family members, relatives, friends, neighbors, and social and work associates. The normal network is seen as a flexible and responsive social resource in which the person is nestled.

On the other hand, a “neurotic-type network,” Pattison found, includes only about 15 people, with fewer relatives, friends, and co-workers, and a higher reliance on a person’s own nuclear family. There are frequent negative and weak emotional interactions, and many of the 15 persons are seen infrequently or not at all. The individual within this network interacts with only half as many persons in each subgroup (family, friends, associates, etc.) as does a person in a normal network. Living in an impoverished and isolating neurotic social network results in a person’s investing too much interest in himself while failing to interact vitally with persons in his environment. Real-life interaction is limited by avoidance of contact and by a weak or negative emotional quality in relationships that are characterized by expectations and obligations that make the easy give and take of emotional and helpful interaction difficult. And, finally, there is no reliable set of social norms and expectations either to guide behavior or to correct distorted behavioral responses. Pattison summarizes his observations by stating, “Simply put, the neurotic interacts with a limited set of sparsely connected indi-

viduals and receives little corrective group feedback. There is little opportunity either to observe behavioral modeling of effective coping or to practice effective coping behavior with useful feedback." Such a network is likely to induce, maintain, and even augment stress and then "catalyze the transformation of stress into anxiety and neurotic-symptom behaviors."

While considering the differences between the two types of social networks, I was repeatedly reminded of the studies done about a decade ago by psychologists, psychiatrists, and sociologists who were interested in the psychosexual and social aspects of the lives of American priests. One of the most alarming findings, reported in the book *The Catholic Priest in the United States* by Eugene Kennedy and Victor Heckler, was that, despite the fact that the religious and diocesan priests who participated said that they had a great many friendships in their lives, the quality of those relationships was found to be "ordinarily distant, highly stylized, and frequently unrewarding for the priest and for the other person." A great deal of loneliness was found to trouble these priests as well.

Realizing all this, I find myself hoping that someday soon a scientific study will be made to see what type of networks priests and religious are actually living within. I would expect to learn, in line with Pattison's findings, that those who have neurotic-type networks are those who experience more symptoms and show more frequent signs of anxiety and tension than those within normal networks. But it would be interesting to ascertain just how many friends (in and out of their congregation) and how much contact with them and with family members, neighbors, and work associates religious people or clergy need to remain among the "normals." Such research would certainly be beneficial to those doing formation work as well as to superiors and spiritual directors. Those who are being formed could learn how to establish and maintain a normal social network, and those who give evidence, after initial formation, of an excessive amount of anxiety in their lives could be assisted to appraise the number and quality of their relationships to see whether a network deficiency is contributing to their distress. It would also be valuable to know whether persons living within large communities are more or less successful in establishing normal, anxiety-preventing social networks than are persons living in smaller groups.

CELIBATES INVITE ANXIETY

Is there any reason to think that celibate persons will experience more or less anxiety than noncelibates? Certainly we enjoy no exemption from most of the ordinary experiences of life that provoke anxiety among married persons; we get old, face retirement, encounter changes, risk failure, attempt unfamiliar tasks, and sometimes walk alone

just like anyone else. There are reasons, however, why most religious celibates are able to go through life escaping some of the sources of anxiety that other people meet. For example, there is usually no need to be anxious about whether there will be enough money to buy food, clothing, or fuel; the likelihood of being left alone in later years is highly improbable; medical care, when needed, is almost certainly available.

On the other hand, there are reasons why celibate religious persons may run a higher risk of experiencing anxiety. The first might be perfectionism. As every contemporary religious knows, the vowed life has been understood in general as a pursuit of perfection. Many who have undertaken this life have done so with the impression that to fall short of ideal behavior would be to fail in the sight of the Lord. The constant possibility that their impulses, wishes, fantasies, thoughts, or behavior are less than what their relentless superego is demanding keeps them anxious and tense. A healthy realism and self-acceptance must be learned if this nagging negative affect is to be dispelled and the spirit liberated for love.

A life of vowed obedience could hardly fail to cause anxiety in some. Naturally, a person is going to have desires he wants fulfilled. But having someone in a position of authority above him means that he is at some time likely to encounter disappointment. Anxiety and inner tension will inevitably occur, at least to some degree, as imminent decisions are awaited and the possibility of disappointment is faced. Only a person who truly believes that doing God's will is all that matters and that the superior's final decision represents His preference can hope to keep this anticipatory anxiety to a minimum.

Another inner conflict that is certain to produce some anxiety centers around relationships. The problem is one of intimacy. How close to another person, how openly honest about one's feelings, and how tender and affectionate can a celibate be without risking falling in love or entering into too exclusive and intense a relationship? The conscience, or superego, may once again clash with deep yearnings or needs. Many priests in the psychologic study mentioned earlier revealed a growth-paralyzing anxiety over their relationships with both women and men. "If I become a close friend of a woman will I risk becoming sexually involved?" "If I share life too deeply and emotionally with another male person, is it going to reveal a homosexual tendency in myself that I can't accept?" Being in life situations in which such questions have to be faced makes anxiety and tension inevitable until answers are found and realistic decisions are reached and lived out.

Not only positive (tender, affectionate, sexual, loving, etc.) inclinations can produce conflicts and anxiety in celibates; negative responses can prove just as distressful. Anger, fear, disappointment, and

Is there any reason to think that celibates will experience more or less anxiety than noncelibates?

other similarly painful affective states—if one believes, as many celibates do, that it is wrong to feel or express them openly—will result in repression that sets the stage for repeated or prolonged tension and anxiety. Fortunately, most young religious and seminarians today are learning to accept and express their feelings in a normal and healthy way. However, it is still difficult for many older religious to learn to do this, since they have been taught—at least by implication—that God loves a smiling but emotionless person more than one who is spontaneously showing others that he is frustrated, angry, or discouraged. During recent years, reeducation through courses, programs, workshops, encounter groups, and individual counseling or psychotherapy has helped countless celibate religious and clergy around the world become capable of accepting and spontaneously expressing their genuine emotions in a fully human way. They needed to learn that the freely weeping Jesus, who felt sad when he looked upon Jerusalem, angry when He saw the Temple commercialized, and fearful when, in Gethsemane, He anticipated his death was just as much a model for their Christian lives as He was when He was smiling benignly on the children who heard Him say, “Let them come unto Me.” The emotionally flexible and expressive Jesus was a perfect model of free, not uptight or anxious, humanity.

ELIMINATING INCONSISTENCIES

The importance of resolving unconscious anxiety-generating conflicts that exist within candidates for religious or seminary life (and later for

vows or ordination) has been stressed by Jesuit psychiatrist Luigi Rulla of the Gregorian University in Rome. He and his associates have reported in the book *On Entering and Leaving Vocation* that they found most of the many hundreds of candidates they studied to be harboring such significant inconsistencies within their personalities that, unless therapeutic efforts were undertaken and proved successful, both their ministerial effectiveness and perseverance in their vocation would probably be impaired. Rulla's staff at Gregorian's Institute of Psychology is engaged in the work of thoroughly training religious counselors to assist such young people to gain freedom from their conflicts through recognizing them and taking the appropriate psychologic steps to eradicate them.

Much more could be written about anxiety and its place in the celibate's life—how it can block attempts at new apostolic ventures, prevent taking a step toward fuller human maturity, stand in the way of reconciliations, stymie the development of a community, and interfere with progress in prayer. We will return to the topic in future issues. But, I think enough has been said here to introduce the topic and initiate a dialogue on the subject among our readers.

I am certainly not advocating a quest for a totally conflict-free and thus completely anxiety-free existence; that would be denying our responsibility to share in the crucifixion aspect of Christ's life, and the escapist would be disqualified from participating in His resurrection. What I hope you will take away from this overview is a realization that anxiety touches every life, including the celibate's, in many ways, and that efforts can and ought to be made to keep it within normal limits and not let it become pathologic and likely to spoil ministerial effectiveness and community life. Jesus Himself seemed to be saying that unnecessary and trust-lacking anxiety is meant to be rooted out of the heart when He told His disciples not to be anxious about such things as food or clothing or tomorrow, and “Do not let your hearts be troubled. Trust in God still, and trust in Me.”

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TOMORROW'S LAY MINISTRY

Interview with Brother Loughlan Sofield, S.T.

Brother Loughlan Sofield, S.T., a member of the Missionary Servants of the Most Holy Trinity, is Codirector of the Ministries Center for the Laity. For the last ten years he has been involved in ministry to ministers. He was formerly Assistant Director of the Center for Religion and Psychiatry, and Director of the Washington Archdiocesan Consultation Center. He has conducted numerous programs for priests and religious in the United States and in Europe. He was on the staff of Fides Neighborhood House in Washington, D.C., for ten years.

HD: Brother Sofield, how would you describe the work you are doing at the present time?

Sofield: Our Ministries Center for the Laity is attempting to achieve a very specific goal: to help the laity come to an awareness of their responsibility to use their God-given gifts in ministry, and to facilitate, in every way we can, their undertaking the ministries that are awaiting them.

HD: How do you help the laity reach this awareness?

Sofield: By emphasizing the view that perceives the Church as the People of God and sees all baptized persons as having both the responsibility and the privilege of using their gifts in ministry and service. We endeavor to help them understand what is involved in living out the fullness of their Christian vocation and then find ways of achieving this aim.

HD: In other words, you are telling the laity that priests and religious are not the only people who have "vocations."

Sofield: That's right. The laity have a call. Everyone has a call.

HD: How do you introduce people to this current theological emphasis on the ministry of every lay person?

Sofield: We try to help them understand the *Dogmatic Constitution on the Church* that was promulgated among the documents of Vatican Council II.

HD: Are you working exclusively with lay persons?

Sofield: By no means. A lot of our work is done with priests and religious women and men. I would say that most of our time these days is being spent in parishes in which we are meeting with both the parish staff and the laity together. In some situations, however, we work directly with priests or religious because we have found that these are the people who are in a unique position either to facilitate or to hinder the development of the ministries of the laity. When they hinder it they are interfering with the accomplishment of God's mission. The priests and religious with whom we have been working are very good people who have no intention of being a hindrance, but they often turn out to be just that—generally for reasons they are not conscious of.

HD: Could you elaborate on these reasons?

Sofield: I think there are three: (1) the expectations that people in full-time ministry have of themselves; (2) their not being in touch with their own basic needs; and (3) their lack of skills to develop the laity effectively. Remember, we're talking about the 2% of Catholics who are priests or professed religious in relation to the 98% who comprise the laity. The old expectation was that the 2% were going to do all of the ministering and the other 98% were going to be ministered to.

There are still too many priests and religious in the world who accept this old dichotomy between those who minister and those who are recipients. They continue to place very unrealistic expectations on themselves—trying to be all things to all people all of the time. Striving to live up to this impossible expectation has caused much of the burnout we are observing among ministers today. Unfortunately, we can expect to see burnout occurring even more frequently if we accept the projections made by some dioceses regarding the number

of people they will have available for full-time active ministry a decade or two from now. Priests and religious will be in much shorter supply; so, unless they enable the laity to take a more active role in ministry, the fewer full-time ministers will most likely expect themselves to do all that was done by the larger number previously available. If this happens, we can expect to see a great deal of emotional stress, frustration, and burnout among those who remain.

HD: *You said you find that priests and religious are often out of touch with their own basic needs.*

Sofield: That's a fact, and it prevents them from facilitating the laity's assumption of their rightful role in ministry. What they are doing, in effect, is denying that they themselves are humans with very human needs. The psychologic study of the American priesthood conducted by the U.S. bishops a decade ago revealed that one of the primary problems of a great number of priests was their inability to recognize, accept, and express their own feelings and needs. From my experience on the staff of the Archdiocesan Consultation Center and at the Center for Religion and Psychiatry (both in Washington, D.C.), I would say that this is true not only of priests, but of all types of people in ministry. I am firmly convinced that it is the generally unconscious denial of these normal, human feelings and needs that interferes with the ability of so many priests and religious to engage in mutual or shared ministries with the laity.

HD: *What are some of these personal needs they are failing to recognize in themselves?*

Sofield: Such needs as to be in control, to be liked or loved, to be accepted, to feel important, to feel secure and safe, and to feel good about oneself. Only when men and women in full-time ministry are helped to accept these human needs, to understand why they are so powerful in their lives, and to find a satisfactory way to deal with them, will they be free to facilitate the laity's role in ministry.

HD: *You mentioned a third obstacle—the lack of skills.*

Sofield: The third major obstacle, I'm convinced, is a lack of skills necessary to engage in a ministry of facilitating and supporting others in ministry. My associates and I believe that the primary role of the full-time minister in the 1980s and beyond will be that of facilitator, enabler, and supporter. Many of us who have been trained and formed in an earlier Church feel very unprepared to function in this way. We may lack both the attitude and the skills needed. Unfortunately, even those undergoing religious formation today do not appear to be any better prepared to feel comfortable and act effectively as facilitators. Their insecurity leads to a great deal of resistance to encouraging and guiding the laity's greater involvement in ministry.

HD: *What attitude do you encounter most frequently?*

Sofield: I'd characterize it as ambivalence; they really have mixed feelings about developing the laity's role in ministry. But the men and women we have been working with are truly fine people; when they have been helped to become more realistic in their self-expectations and acknowledge their own human needs and gain the necessary skills, they have been able to make the transition admirably.

HD: *When you speak of the "ministry of the laity," what is it you are expecting lay men and women to do?*

Sofield: What we are concerned about is ministry in the daily circumstances of people's lives. We ask them: Where in your daily life do you have an opportunity to make Christ present to others?

HD: *Is that how you are defining ministry?*

Sofield: By ministry we mean any service that is faith motivated and that tries to make Christ present in the world. There is a growing awareness among the laity that this is their role, one that Vatican Council II has called them to take on. Many priests have been preaching about this role, and there has been an explosion in the literature on the subject during the past year. We can see the Spirit working in a parish when we go there to conduct a workshop, mission, or renewal program; we find people manifesting a hunger for this sort of message. The concept of using their gifts in ministry adds enormous meaning to their lives.

HD: *You mentioned literature. Can you be a little more specific?*

Sofield: The publication *Origins* has recently carried several articles on the subject of lay ministry. The *St. Anthony Messenger* devoted an entire issue to it. Many diocesan newspapers have featured articles, and the *National Catholic Reporter* presented a series of articles including interviews with laity and the response of bishops in the United States.

HD: *But you yourself have been involved in the work of developing the laity for quite a few years. Isn't that so?*

Sofield: Yes. Our male congregation, the Missionary Servants of the Most Holy Trinity, and our sisters' congregation, the Missionary Servants of the Most Blessed Trinity, were founded by Father Thomas Augustine Judge early in this century with the express purpose of helping every Catholic possible to become a missionary. Although he was originally from the Boston area, Father Judge went to work in the South after having formed a group of lay missionaries. They still exist alongside his two congregations; all three work together as a family. The Ministry Center for the Laity, in which I work along with one sister, another brother, and a priest, continues to do the same sort of work Father Judge began around 1910.

HD: *How many people are in these congregations?*
Sofield: There are a little less than 200 men right now, 75% of whom are priests and 25% brothers. But there are nearly 400 sisters.

HD: *All doing generally the same type of work?*

Sofield: Not at all. The idea is that wherever these men and women are the development of the laity should be a major part of their work. Most of our priests and brothers are involved directly in parishes; they try to use the parish to foster the ministry of the laity. Our sisters can be found in education, social work, parishes, and hospitals—but always inspired by our founder's charism of supporting lay involvement in ministry.

HD: *Would you say your work is prospering?*

Sofield: In many ways it appears to be. For example, about four years ago our office sponsored a conference to bring together a group of people we call "lay ministry coordinators"—people dedicated to promoting this same aim. There were about 30 who attended. This past summer our fourth conference was held. More than 100 came this time, from all over the United States and Canada, representing parishes, dioceses, and independent groups from coast to coast and Canada to Mexico. Several communities have begun to see their major goal as facilitating the role of the laity in ministry. The Sisters of the Holy Child Jesus and the Paulist Fathers are increasingly involved in this special work.

HD: *Is the movement progressing evenly throughout the United States?*

Sofield: Quite the contrary. I see it varying dramatically as I move around. Still, there is no one location far ahead of the rest. A great deal of our own efforts, particularly during the past year, have been put forth in the South, and we've found the area an exciting place to be working. We have encountered a marvelous openness and receptivity among both clergy and laity there.

HD: *How do you go about helping the laity to participate more actively in ministry?*

Sofield: Well, we have worked in more than 30 dioceses so far, and it is only rarely that we have presented the same program twice. We don't have any package to deliver. We go into a region believing that everyone there has been given gifts by God to be used in ministry and service, and our first approach is usually to those persons who have the power and are in control. These could be the bishops or the clergy; they could be religious communities or the members of a parish council—whoever stands in a position to say we want to grow, we want to move, there is something that we want to do.

When we go in, we sit down with these leaders of the people and listen to them. We ask: What is it

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you want to do? Where is it you want to move? Then we do some educating in an effort to raise awareness. To give an example, in one diocese in which we recently offered a continuing education program for the clergy, we first focused attention on the various concepts of church and then explored the factors that hinder priests from adopting the idea of shared and mutual ministries. Next we met with each pastor (or each parish staff) individually to persuade them to invite a group of lay persons to talk with them about their vision of church and what they would like their parish to be three years from now. Based on those conversations, we jointly developed a process (to be completed in about three years) that would enable them to become what we are calling "a community of service."

HD: *What has to happen during those three years?*

Sofield: The first step usually amounts to cutting off pieces of the priesthood to let some lay people function as liturgical ministers, rectors, extraordinary ministers, etc. Next comes some movement toward maintaining the parish, then some reaching outside the parish, and finally—we hope eventually to see—a real concern for the world and where the Church is going.

HD: *Do you go where you detect a need for your services, or does your center wait for invitations?*

Sofield: We go only where we're invited. The invitations reach us in a variety of forms. Right now there are four different dioceses that have invited us to work with clergy and/or laity leadership. But some of our most effective work has been in con-

junction with a social service agency that is attempting to develop the parish. In other cases it is the parish itself that invites us in.

HD: *Do you ever work with seminarians to help prepare them for fostering lay ministry after they are ordained?*

Sofield: Not thus far. But we are concerned about helping seminarians and young religious to realize that if they are going to be effective in ministry during these closing decades of the century, and beyond the year 2000, they will have to develop—as I mentioned earlier—skills I don't find them acquiring in their training programs at the present time.

HD: *For example?*

Sofield: Skills related to working with groups. I remember hearing Angelo D'Agostino, a Jesuit psychiatrist, say years ago that in the post-Vatican II Church, people are healed and saved within the context of community, and that community is a group. If we are going to be successful in our ministry we will have to be able to understand and deal with groups. He was talking about a form of leadership that is facilitating—one that enables others to take on responsibility.

HD: *How would you want seminarians to be trained for this style of leadership?*

Sofield: Not the way so many are still being trained at the present time. We had a seminarian doing an internship with us recently; he gave every indication of having been formed during his four years of theology to be the classic superpriest, the man who does everything. His preparation got him ready to perform, but certainly not to be a minister who would support and facilitate others who want and need to become involved in ministry. Attitudes and expectations must be examined. Seminarians have to be helped to understand the real ramifications of the priesthood, which is shared by all baptized believers.

HD: *Don't you think it would be natural for seminarians to suspect that even if they were to try to activate the laity into ministering, they would probably experience a disappointing response?*

Sofield: If they anticipate a poor response, that's exactly what they will generate. Too often we have watched priests attempting to involve the laity and what they do is try to get these men and women to take over tasks that they themselves have been performing as elements of their own priesthood. One of the interesting things we sometimes do, in order to help people become aware of the opportunities they have to minister in the context of their daily life, is to ask them to recall when they have been ministered to. The response we usually hear has nothing to do with liturgy, their parish, or the parish's activities.

HD: *What are some of the replies that you have received?*

Sofield: One woman told us, "When my daughter was in the hospital, some of my neighbors came in and said, 'Why don't you and your husband take the day off and we'll stay here with your daughter.' Other neighbors went to our home and prepared the meals for our other children."

Husbands and wives have told us about the kinds of ministry that they perform for each other—the ministries within families. And I recall being told about an older woman in a city parish who was the person who would be called anytime anyone was really deeply hurting because she had the gift of being really able to listen, to be present to people, and to communicate a genuine sense of concern. All these are things that lay men and women can do without having to be under the direct control or supervision of the clergy. But I find many are ambivalent, even though they are hungry to do more by way of ministering; they don't want to get eaten up by the Church. Their experience in the past, when they began being involved within the Church, taught them to feel that soon they would be expected to participate in all sorts of activities such as the parish council diocesan projects, and so forth. But when we tell them that lay ministry simply invites their Christian response in the everyday circumstances of their lives, they become extremely enthusiastic.

HD: *That's a universal response?*

Sofield: No, not always, of course. As soon as some people hear the word ministry they think about holiness. They think that to minister to people you have to be holier than they are. They got that impression when they first learned about the calling of priests and religious sisters and brothers. They consequently view themselves as being the ones ministered to, rather than as persons doing the ministering. What they need, to begin functioning as lay ministers, is a sort of support system. I think one of the services that full-time ministers can provide is the development of such systems.

HD: *How do these operate?*

Sofield: Probably the most effective ones that we have seen consist of small groups of parishioners who meet regularly to talk about how they are trying to live out their Christianity. The size of these groups can vary. Usually they include no more than about eight families—the adult members of these families, not the teenagers or younger members.

HD: *How do these groups come into existence?*

Sofield: They usually grow out of our work with the parish council or a larger group that the parish has put in charge of long-term development. As they begin to assess their needs, they often find that they require a greater sense of closeness, of community. They need to feel support in what they are doing in

ministry. And, it is out of these needs that the support groups arise.

HD: *Is it the aim of the center to bring lay people to an awareness of all the various Christian deeds that they can perform and then motivate them to do as many as possible? Or do you have some other goal?*

Sofield: Our first purpose is to help the laity understand that they have an obligation to make Christ present. Second, we try to help them recognize the particular gifts that God has given them to accomplish this. In order to advise the parish, we have at times met with parishioners in small groups to discover with them—in other words, to discern—the gifts that are present. We've also trained people in some parishes to go around and help people accomplish this same task. Moreover, in a number of parishes we have encouraged the establishment of what is called a "commitment Sunday," for which everyone prepares for two months. The homilies at Mass, the educational programs, and all other possible means are used to motivate people to become involved in ministry, to understand what this entails, to recognize their own giftedness, and to find ways of overcoming whatever obstacles stand in the way of their commitment. We often find that they are not taking anything new on themselves, they are simply placing what they are already doing in a new context. In some cases we have helped groups learn to lessen their number of tasks. Ministry, we tell them, is not just a function. Rather, ministry is an expression of a person's faith through the use of his gifts, and what's frequently required is narrowing and focusing—not a multiplication of tasks.

HD: *What sort of resistance do you encounter?*

Sofield: Many kinds. Even the terminology—"to be a minister"—is repugnant to a lot of people. Particularly in the South, where we have done a great deal of work, the term "minister" is always reserved for the Protestant clergy, so confusion results from speaking of the lay Catholic as a minister to strangers, neighbors, family members, or friends. Part of the resistance comes from not feeling confident and sure. For example, we hear "I know there's a woman living down the block whom I'd like very much to visit, but I'm not sure I know how to deal with somebody who is sick." Others, as I said earlier, are reluctant to get involved lest the Church devour them. To deal with their fear, we encourage these people to make a time-limited commitment. We aid them to recognize their gifts, decide how to use them in ministry for perhaps the next three or six months, and then, at the end of that period, reassess their investment of these gifts.

HD: *If, as you say, the term "minister" presents a problem, why do you use it? Why not speak about service, rather than ministry, for example?*

Sofield: We have tried a variety of terms. I

We see the ideal parish as one that is a community that experiences and displays a deep faith.

remember—in one black rural parish in the South—people could not identify with the concept of minister, but missionary was a word they could apply to themselves. But we use the term minister because the document *Evangelii Nuntiandi* employed it with reference to the laity, and we feel it conveys what we are trying to say. Still, whenever the term gets in our way, we simply use whatever words the people with whom we are working find comfortable.

HD: *Would you tell us a little about your center?*

Sofield: The Ministries Center for the Laity has its office in Brooklyn, New York, involves four people on the staff, and works all over the country. We often expand our staff with others on a part-time basis. For example, when invited into a parish to do a renewal or mission there, one or two of us may go and take along a resource person or two. We hope to be able to add at least one full-time lay member to our staff within the next year.

HD: *How do you finance your programs?*

Sofield: By our two religious communities and whatever financial help we can get from those with whom we are working.

HD: *How long do your missions and parish renewal programs run?*

Sofield: A mission usually takes about a week. When we go into a parish the first thing we do is meet with the staff and then with a group of the laity to plan the mission so that it isn't entirely the staff's. We always set down three conditions: (1) the laity will be involved in planning (and sometimes

in conducting) it; (2) the focus will be a universal call to ministry; and (3) the parish must be committed to follow-up, so that it is not just a nice, one-week experience.

HD: *How do parishes actually follow up?*

Sofield: In a number of different ways. Sometimes it's through an ongoing committee within the parish, a committee responsible for renewal. At other times it will be the parish council that carries out the task. In one parish, in which we are working right now, the people established a group that first came together to plan the mission and are now planning for the development of small neighborhood churches as a follow-up. In each parish the process is different, depending on its particular circumstances.

HD: *Do you find that they all follow up successfully?*

Sofield: Not all. Roughly, I would say that perhaps 50% of the parishes do, and generally the outcome depends on beliefs about the roles of clergy and religious. Parish renewal can be a very fearsome thing for these individuals because it can begin to take away some of the sense of status and power that they enjoy. It means they have to begin to consider different ways of ministering; it demands a retooling for ministry along with a new attitude about how to approach a parish. Unless the clergy and religious are committed to this renewal of the parish, it won't happen. It's a time- and effort-consuming venture and one that may not bring much satisfaction to people who are used to providing virtually all of the parish's services and to not training others to carry out such good works as visiting the sick or consoling the bereaved.

HD: *You're saying that the reason for lack of follow-up resides in the leadership and not in the laity?*

Sofield: I suppose it would be unfair to say that only the leadership is responsible. If the laity were really convinced, they would follow up the mission on their own. But often the parishes lack the structures that would enable the laity to get things done.

HD: *What sort of structures do they need?*

Sofield: Ideally, good parish councils. We have worked with more than a hundred parish councils so far, and I've found most of them structured in such a way that they are self-defeating. Moreover, they are not doing the right things. They spend most of their time giving committee reports at meetings that they find extremely boring. Or they waste their time making decisions that should be made by somebody else—e.g., what color to paint the flag pole. Or who should fix the broken machinery. When we go to work with parish councils we try to convince them that their appropriate role is one of pastoral reflection and planning. We tell them they should be spending their time asking

questions such as what should our parish be becoming? What are we called to be and do as a parish right now? How can we provide for the renewal of this parish so as to develop a community of people who are all involved personally in ministry? In short, we try to restructure the parish council as a planning group that is aimed at promoting ministry.

HD: *Is there such a thing as a model parish, one that actually exists or has been blueprinted to contain all the most desirable features?*

Sofield: I have yet to run into the model parish and I don't think I ever will. I guess that's because every parish is always in the process of becoming. But we do have something of a blueprint in mind. Right now we are engaged in writing a book in collaboration with 13 people from some parishes in Alabama where we have been working. The book will attempt to answer the question: How do you go about developing a community of service? One of its chapters will specify the criteria that can be used to judge whether a given parish is a good one. We think most parishes apply the wrong criteria. A good parish is not simply a place to find excellent liturgy. Neither is it a locus where everybody is involved mightily in maintaining the facilities and agencies. We see the ideal parish as one that is first of all a community that experiences and displays a deep faith. Christ is very real to the people, and as a result the parish should strive to find ways of expressing its relationship with Him. This often means that the members must go through stages of building community and focusing inward, but they are also an outward-looking body striving to bring Christ into the world with which they come into contact. This would be a parish in which some people as businessmen would be supporting one another's efforts to function as truly Christian leaders in their marketplace.

A question we usually ask parishioners when we meet with them is: How do you want your parish to be functioning in a few years? The ideal they generally describe has two principal characteristics—one is a strong sense of community that focuses its concern outwardly rather than inwardly; second is that the apathy that currently exists in most parishes has been overcome.

HD: *What is this inward focusing that you seem to deplore?*

Sofield: Let me give you a good example. Not long ago we met with people who felt that theirs was not a good parish because not as many men were arriving on Wednesday nights to cook the spaghetti dinner as had come regularly in the past. Yet we discovered that one of the parishioners was mayor of the city; another, president and owner of the largest company in town. People were judging the worth of the parish according to whether such men were on hand Wednesday evenings to cook a meal

rather than in terms of whether the parish was serving as an effective support system to provide these men with the help they needed to serve as profoundly Christian leaders in their mayoral and presidential roles.

HD: *A few years ago we were hearing a lot about the advisability of blurring out parish boundaries and setting up centrally located facilities and services within the diocese. But you sound as if you are thinking about the parish as an enduring and essential element within the diocese of the future. Is that what you foresee?*

Sofield: When we looked around to see where we could be most effective in helping to raise people's awareness regarding ministry, we could find no existing system that was potentially more effective than the local Christian community, which is usually the parish. But it isn't always the parish. A college campus, for example, may support Christian community more successfully than a parish could. Still, for the majority of Catholics, the parish is the one place in which you can affect their lives as Christians. We just haven't found anything that can replace it.

HD: *So you believe that the parish structure is here to stay?*

Sofield: At least for the present time. In the future it may appear very different. I think part of the problem we face when we tackle the task of renewing a parish is the nostalgia people feel toward the parishes in which they grew up. They want to recreate them. Their temptation is to apply criteria related to the parish they loved 20 or 30 years ago rather than asking what their parish should become in light of its present circumstances. They should be asking, What are the needs of our parishioners and neighbors? What are the needs of the world surrounding us? What should our parish be doing as a parish?

Speaking of old-time parishes, the best one in which we have ever worked was rural and had been without a priest or religious residing there for 40 years. The people were very much aware of their responsibilities for ministry, had a clear understanding of the role of a priest, and were involved in mutual ministry that was beautiful to behold. Another excellent parish, from the lay ministry point of view, was one in which the pastor had suffered two heart attacks. He told us, "I finally said to my people, it's your parish," and they took on the responsibility for ministering to each other. The pastor became a facilitator and no longer labored under the illusion that he had been called to do everything for everybody.

On the opposite hand, we worked in a parish in which they formerly had a supersister meeting all their needs. When we asked them what they required as a parish, they told us, "Another sister; she did everything around here." She must have been

Most gifts are really simple—the gift of being present, of being able to listen, of empathy.

an outstanding person, but she shouldn't have been doing or running everything. The parishioners eventually came to see that if she had really done her job—facilitating their taking responsibility for ministering—they would not have hit bottom the way they did when she was reassigned. This is the kind of scene we hope we won't be seeing in the future.

HD: *You spoke earlier about every individual's responsibility to use in ministry the gifts God has bestowed on him. Do you actually find that everyone you meet in these parishes is in some identifiable way "gifted"?*

Sofield: Very definitely. All have gifts, but most are—for a number of reasons—not accustomed to looking at and recognizing them. Many have been trained to feel that considering their own special qualities or abilities is pride. Some don't want to admit their gifts because, if they were to acknowledge them, somebody might challenge them to put them to work. But what we find is that when we get together with people who know one another, put them in a group and ask them to identify their gifts, most state that they don't have any; they feel everything they do is quite natural and commonplace. Soon, however, others in the group are pointing out each person's gifts. For example, I can remember one parish group meeting in which one man stated his belief that he had no gift; another man quickly replied, "Don't you realize that every time you walk into the room you bring joy?" A gift is as simple as that.

There was another parish in which a woman

said, "My gift must be to clean and cook; that's all I ever do." But another woman interrupted her: "Wait a minute. Don't you realize that when you read the Scriptures on Sunday they become so much more alive than when anybody else reads them, including Father?" That same evening the woman whose gift was effective reading decided that one way she could use this gift in ministry would be by visiting a blind man twice a week and reading the Scriptures to him.

Yes, I believe that everyone has a gift. People are just slow to recognize them; they are too often looking for something that's exceptional. Most gifts are really simple—the gift of being present, of being able to listen, of concern for someone who is hurting, of empathy. These are the kinds of gifts God bestows so that people can minister to the deepest needs of others around them.

HD: *And once people have begun to recognize their own gifts, do you encourage or guide them toward developing them further?*

Sofield: We see this as the role of the parish. We guide them through a process that includes, first, identification of their gifts, and then an inquiry into whatever prevents them from using them. Sometimes they need to deepen their faith. Some feel they need the help of a support group. Others find they need improvement of their skills. We help them to find ways of overcoming these obstacles to success in their ministry. What we are actually doing is teaching the parish how to help itself.

HD: *You said earlier that you have been working with adults. Since the attitudes of most adults have been formed in childhood or adolescence, wouldn't you stand a better chance of being successful if you were to help younger people recognize their gifts and their responsibility to use them in ministry?*

Sofield: I'm not sure in which stage we would be more successful. Almost all of our opportunities have been to work with adults. We have done some work with youth, but not a lot. I would think there's a great need there. But I find that many in the Church—through retreats, weekend experiences, schools, and the like—are providing religious help for teens and young adults, raising their awareness of their role in ministry and helping them to appreciate the gifts God has given them to use.

HD: *Do you try to link your concept of universal ministry with any particular theory of psychosocial development?*

Sofield: We look at the ministry of all believers, including the laity, as an expression of what Erik Erikson calls "generativity." We see parish communities moving through the stages of growth that he outlined. First they become clear about their identity as a Christian community, what distinguishes them from other bodies and what their value is in the world. Next they seek, as a group,

what Erikson calls intimacy; they turn outward and seek to communicate deeply with the larger Christian community and the non-Christian world. The thrust is toward closeness, sharing, and a sense of belonging. But the generative stage is reached when parishioners come to realize that the community does not exist for itself, that all its gifts are meant to be put to use so that others can develop and thrive. They then become a "people for others."

HD: *What kind of spiritual life does a lay person need to experience in order to sustain an ongoing ministerial response to others?*

Sofield: Essentially, a personal relationship with the Lord. What we find intriguing in parishes is the deep spirituality that people manifest but do not appreciate. When we ask them to tell us about their God or the way He operates in their life, we hear them talk about their spiritual life and their prayer life. It's so impressive—even overwhelming—to hear their replies. I think those of us who have gone through a formal training for religious life or the priesthood too often think in terms of only one form of spirituality. I don't think enough thought has been given to the matter of lay spirituality and what it's all about. That's an area that urgently needs development.

HD: *What is that one form of spirituality you are referring to?*

Sofield: The type that emphasizes community prayer, especially the daily liturgy. But for many of the laity there is no possibility of liturgy's being a daily occurrence. God speaks to them and acts in their lives in other ways. I remember once during a parish renewal, instead of talking to people about prayer we simply asked them to tell us what their prayer life was like and when God seemed most present to them. Their collective response was the most edifying, touching thing I ever heard. Their conversation with God was real, and it helped them make their decisions both at home and in the business world.

HD: *What nourishes that kind of spirituality—based, as you stated, on a personal relationship with God?*

Sofield: God makes Himself known to them through all sorts of things. Some talked about using the Scriptures; others said they just talk with the Lord when they're driving here and there. One woman told about how, when she does her ironing, she converses with the Lord and feels the presence of Him. I'd say most find that it is their prayer experiences and reading Scripture that nourish them spiritually most of all.

HD: *What do you foresee for the lay ministry when you look ahead into the 1980s?*

Sofield: Whenever I think about the '80s and beyond I'm reminded of one diocese in which we worked recently that expects in ten years to have

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available only 50% of the clergy that were active there ten years ago. Another religious community made some projections and came to realize that in 20 years only 25% of their present membership will still be in full-time active ministry. But what I foresee, rather than fewer full-time priests and religious trying to carry the full burden of ministry, is a steadily increasing number of lay persons coming forward. Priests and religious will spend most of their time developing these people and supporting their ministry. The Church will be much more vital, and Christianity for most will be a far more exciting religion. The excitement will come when people feel they are deeply involved, and this will certainly be their experience when they are using the gifts God has given them in the ministry to which He is calling all of them.

HD: *Do you think many of the laity will eventually devote full time to ministry?*

Sofield: I have no doubt about it. They will be working as directors of religious education, in chancery positions, in a variety of social service positions, training other laity for ministry; the possibilities are countless.

HD: *Will the full-time ministry appeal more to lay women or to lay men?*

Sofield: My impression now is that women and men are already entering into full-time lay ministry on an equal basis. But I have no statistics—just my own observations.

HD: *What is going to increase the number of lay ministers?*

Sofield: I see three groups of people who are in a position to have a profound impact on what's going to happen in the next couple of decades. First, the people in administration—the bishops and major religious superiors—can influence the retraining, retooling, and attitude-changing among those for whom they have responsibility. Second, those who do the religious and seminary formation work can prepare the priests, sisters, and brothers of the future to promote, support, and guide the laity in their ministries. And third, the priests and religious already working in the Lord's vineyard, who, by not trying to do everything themselves and by devoting a good part of their energies to developing the laity, will be able to make an enormous contribution to the Church and world of the future.

HD: *How is the Church in this country ever going to find enough trained people like those on your center's staff to work with all the parishes, seminaries, and religious congregations that need the kind of help you're providing?*

Sofield: There are several dioceses in which the decision has been made to send people to be trained to do the sort of work that we do, and there are programs in places like Newark and Cleveland aimed at parish renewal of the type I described earlier. Personnel and finances have to be set aside for this work, and it has to be given a top priority if expansion of the laity's participation in ministry is going to happen. Right now the number of persons and places available to assist in this are minimal in comparison with the needs. We'll have to somehow create a place in which we can really train people for this ministry—to help parishes, dioceses, and communities develop the laity. A university or large center could set up a program to give these persons adequate training. Right now we don't know where to send those who ask us where they can learn the skills related to laity development. We usually wind up inviting them to serve an internship on our staff or in some similar program.

HD: *One last question. Would you be willing to consider establishing a training center where people from all over the United States who want to do work like yours could be sent by their dioceses?*

Sofield: I'd love to see that happen. What my own community has in mind in terms of my being available for something like that, I wouldn't know. But I think it's badly needed. There ought to be at least one major training center, and it might be a good thing for a college or university to house it. I'm sure that we have too many forward-looking, ministry-oriented bishops and educators in this country to let this future need remain neglected. At least, I hope and pray that's so.

THE RELIGIOUS ALCOHOLIC

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In 1977, when William Cardinal Baum wrote to his fellow U.S. prelates and superiors of religious congregations to announce the opening of a new alcohol treatment center in his Washington, D.C., archdiocese, he reminded them all that "alcoholism is no respecter of persons or of classes." The cardinal recognized that priests and members of religious communities can be afflicted with this disease "as well as anyone else, with tragic consequences to themselves and often to the people they seek to serve." Strong verification of his opinion could be found in figures published just a few years earlier by the National Clergy Conference on Alcoholism. Alcoholic priests, the conference estimated, numbered approximately 6,000. One thousand religious brothers and 8,000 sisters were similarly afflicted, with fewer than 900 priests, 100 brothers, and 800 sisters known to be in some stage of recovery. These statistics do not seem surprising in view of the fact that at the same time, according to the National Institute of Alcohol Abuse and Alcoholism, there were about ten million adults in the United States suffering from symptoms of excess alcohol consumption. The National Institutes of Health has tagged alcohol "the nation's num-

ber one drug abuse problem," and alcohol abuse is regarded as the third major health problem in the United States, ranking just behind cancer and heart disease.

No realistic person should be surprised to find that religious people are no more exempt from alcoholism than any other segment of society; the disease can assault anyone. Unfortunately, however, alcohol abuse constitutes more than just a problem related to health; personal, community, social, institutional, and legal problems are its frequent and troublesome sequelae, and more than a few vocations and apostolic ventures have been brought to ruin by it. Religious individuals, like everyone else, are affected by the values prevalent in the society that surrounds them, and the American scene is characterized by highly conflicting attitudes toward this drug, which is overvalued by so many in our affluent society.

ALCOHOLIC RELIEF

As a typical segment of a national population that has been told for years, through advertising, that pain can and should be eliminated effortlessly

and instantly by self-administered medication, many of us who have committed our lives to full-time professional ministry will undoubtedly be tempted to use alcohol to relieve the more or less painful tension, anxiety, frustration, discouragement, and depression that from time to time beset us all. Loneliness, stressful anger that is denied expression, feelings of guilt that even sacraments have failed to allay, shyness that inhibits the enjoyment of warm relationships and candid communications—these and numerous other uncomfortable emotional states invite the religious person, like anyone else, to reach for a drink in the hope of quickly banishing the discomfort. But when that occasional drink becomes a frequent self-therapy, and the risky remedy has been tried again and again until a self-perpetuating habit has been acquired, the ordained or vowed individual is likely to find it even more difficult than a lay person to acknowledge the problem and to seek appropriate help. For too long within the Church, alcoholism has been considered a moral problem, and heavy drinkers in religious life have generally been more inclined to blind themselves to it (through unconscious denial) than to let themselves acknowledge that others are perhaps being scandalized by their drunkenness.

Since members of the clergy or religious congregations do not usually pay early and sufficient attention to the drinking problems of their confreres, it is essential for those in positions of guidance to know as much as possible about alcoholism, its causes and signs, its effects and treatment, and most of all, the ways of preventing this potentially devastating disease. This article attempts to provide some of that information, together with recommendations on the resources that can prove helpful in crises and when decisions must urgently be made.

FUNDAMENTAL CONCEPTS

There are a number of concepts related to alcoholism that need to be kept in mind, beginning with the state of alcohol intoxication, or drunkenness. Medically, a person is considered intoxicated when he has recently ingested alcohol and is displaying behavioral effects such as aggressiveness, impaired judgment, or interference with social or occupational functioning; shows one or more physiologic signs such as slurred speech, incoordination, unsteady gait, or flushed face; and manifests one or several psychologic signs such as mood change, loquacity, irritability, or impaired attention span.

Psychologic dependence on alcohol is reached when a person has developed the habit of drinking to achieve some desired effect—for example, to elevate a mood or relieve tension. According to the criteria of the World Health Organization, dependence is said to have progressed to the more severe

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physical state when the person has reached “an adaptive state that manifests itself by intense physical disturbance when administration of the drug (alcohol) is suspended.” The physiologic events that reveal the presence of what is called a withdrawal syndrome—occurring when the physically dependent person’s drinking is interrupted or decreased without substitution of another sedative drug—include trembling, convulsions, and delirium tremens. (With tremens, disorientation and hallucinations occur.) It generally takes many months of excessive alcohol use to create such a physical dependence.

TOLERANCE GROWS WITH DEPENDENCE

Reaching a level of tolerance is almost inevitable when drinking becomes frequent and intense. Tolerance, as defined by the American Psychiatric Association (APA) in its new *Diagnostic and Statistical Manual* (third edition), signifies that “markedly increased amounts of the substance (alcohol) are required to achieve the desired effect, or there is a markedly diminished effect with regular use of the same dose.” The manual points out that wide individual variation exists in people’s capacity to drink large quantities of alcohol without intoxication, and since some people are capable of ingesting large amounts despite limited drinking experience, the distinguishing feature of tolerance is that “the individual reports that the amount of alcohol he or she can drink before showing signs of intoxication has increased markedly over time.”

Another term that appears frequently in scientific literature is “alcohol abuse,” which implies a pathologic pattern of drinking. This is manifested

in a variety of ways, including a need to drink daily in order to function adequately; an inability to decrease or cease drinking; repeated attempts at temporary abstinence or limiting drinking; binges (remaining intoxicated throughout the day for at least two days); occasional drinking of a full bottle of spirits or an equivalent amount of wine or beer; blackouts (periods of amnesia for events occurring while drunk); continued drinking despite the presence of a severe physical disorder made worse by the use of alcohol; and drinking nonbeverage alcohol (e.g., a kind prepared for medicinal purposes). An alcohol abuser can also be recognized by his impaired social or occupational functioning resulting from his alcohol use—for example, violence while intoxicated; absence from work; loss of job; arrests for drunk driving; traffic accidents after drinking; and arguments or difficulties with family, community members, or friends because of excessive alcohol intake.

ALCOHOLISM DEFINED

According to the APA's manual, to be diagnosed an alcoholic (or alcohol dependent) a person must show (1) continued or episodic use of alcohol for at least a month, (2) social complications of alcohol use, (3) either psychologic dependence or a pathologic pattern of use, and (4) either tolerance or withdrawal symptoms. The American Society on Alcoholism has defined alcoholism as "a chronic, progressive and potentially fatal disease—characterized by tolerance and physical dependence or pathologic organ changes, or both—all the direct or indirect consequences of the alcohol ingested." Chronic and progressive mean that the physical, emotional, and social changes are cumulative and continue to develop as long as the drinking continues. The pathologic organ changes can take place in almost any part of the body, but they most frequently occur in the brain, nervous system, liver, and gastrointestinal tract.

The least technical and perhaps most generally acceptable definition among the many that have been proposed is that alcoholism is the habitual tendency to use alcohol in a destructive way. Studies of this drinking pattern have reported that when dependence on alcohol develops, it usually does so within the first five years after regular drinking is established. It has been noted that heavy drinking in adolescence is particularly likely to signal problems in later life, a fact to be kept in mind by those responsible for screening candidates for seminaries and religious congregations. It is also important to remember that the development of alcoholism is more likely among families in which one member is an alcoholic, and that apparently a genetic factor makes some people more vulnerable than others to the disease. Behavioral scientists have shown that nearly half of all alcoholics have had a parent or a close relative who was al-

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coholic, and that children of such parents are twice as likely to become alcoholics as the children of nonalcoholic parents in the United States today; therefore, we can expect that the prevalence of alcoholism in this country will show a marked increase in the decades ahead. We can also anticipate that the nation's future burden, in terms of treatment facilities, economics, and human suffering will be enormous.

ALCOHOLISM AS A DISEASE

Alcoholism was not widely considered a disease until less than three decades ago when Elvin Jellinek described what he called gamma-type alcoholism: a condition marked by a progression from psychologic to physical dependence and associated with characteristic behavioral alterations that occur in a reasonably predictable sequence. The gamma alcoholic, he observed, is usually a

binge drinker, with alternating periods of intoxication and sobriety. This form of disease is prevalent among the patient population being treated in most of the alcoholism clinics in our country. Jellinek's concept has helped to identify alcoholism as a legitimate condition for medical treatment and rehabilitation, and the excessive drinker is now recognized to be within the treatment realm of doctors, hospitals, psychotherapists, and health insurance coverage.

Some students of alcoholism, however, have serious reservations about the disease concept. They complain that it appears to relieve the individual of responsibility and thus may prove to be anti-therapeutic. Moreover, they see it as not well adapted to preventive efforts or to drinkers with early-stage or relatively mild cases of alcoholism. Consequently, a number of authorities, such as psychiatrist E. Mansell Pattison, are recommending what they call the "emergent model" of alcoholism, which is based on the following principles: (1) alcoholism is not a single disease entity; (2) no clear dividing line separates alcoholics and nonalcoholics or prealcoholics and nonprealcoholics; (3) the developmental sequence of the adverse consequences of drinking is highly variable; (4) to date, there is no evidence of a basic biologic process that predisposes a person to alcoholism; (5) empirical evidence suggests that alcohol problems are reversible; and (6) alcohol problems are typically interrelated with other life problems. Pattison believes it might be useful to develop typologies of subpopulations of alcoholics for whom different treatment programs might be appropriate.

DISEASE CONCEPT OPPOSED

In two papers written in 1946 and 1952, Jellinek listed a series of drinking history items and strongly implied that these items identify four stages of alcoholism that tend to occur in the order he outlined. Since that time, however, many investigators have demonstrated that the sequence he described does not apply and that the items on his list should be dealt with separately as processes not linked with a single disease but connected with such diverse issues as habituation, psychologic dependence, altered patterns of drinking, social problems, legal problems, tolerance, withdrawal, physical damage, and treatment.

ORIGIN OF ALCOHOLISM

While the debate continues over whether alcoholism deserves to be labeled a disease, many theorists prefer to focus their attention on the causes of the problem. Some psychoanalysts, following Freud, believe that alcoholism results from unconscious tendencies, particularly self-destruction, a strong oral influence in childhood, or latent

homosexuality. Alcohol affords an alteration of mood, regression in thinking, and an escape from reality. Karl Menninger sees a self-destructive drive as the principal component of alcoholism, which he considers to be a form of chronic suicide. James A. Knight views alcoholism as a sign of an excessive need for affection and a pacifier for disappointment and rage. Alfred Adler attributed the cause of alcoholism to profound feelings of inferiority, a perpetual state of insecurity, and a desire to escape responsibility. He believed that an addiction to alcohol may be heralded by shyness, a preference for isolation, anxiety, depression, impatience, irritability, hypersensitivity, and sexual inadequacy. David McClelland suggests that the alcoholic uses drink to achieve a sense of power and feelings of achievement. A more general Freudian view is that alcoholism results from an inner conflict between dependency and aggressive drives. But Morris Chafetz, founding director of the National Institute of Alcohol Abuse and Alcoholism, reminds us that psychologic theories are only partial answers to questions about the causality of alcoholism, since "they do not weigh the physiological and socio-cultural effects of alcohol use, nor do they explain why people with life experiences and emotional configurations similar to those they describe do not develop alcohol problems."

ADDITIONAL THEORIES

Learning-theory psychologists John Dollard and Neil E. Miller have pointed out that alcohol produces a soothing reduction of fear and conflict, and that addiction results from staving off the misery that would be experienced if drinking were not continued. Physiologic theorist Roger Williams has proposed that a genetic trait combined with a nutritional deficiency is the cause of alcoholism. He believes that because of an inherited defect in metabolism, some individuals require exceptional amounts of certain essential vitamins that they do not get in their normal diet. In drinkers, Williams contends, this deficiency results in an abnormal craving for liquor, which eventually culminates in alcoholism.

Sociologists, too, have made important contributions to an understanding of alcoholism. Derek Horton studied the use of alcoholism in 77 cultures and convincingly demonstrated the relationship between subsistence insecurity and excessive drinking. He believes that when alcohol is available, people in societies in which insecurity and anxiety prevail turn preferentially toward it. Harvard professor Frederick Bales similarly sees social organization and cultural practice as being related to alcoholism, based on (1) the degree to which the culture provokes inner tensions or acute needs for adjustment in its members; (2) the set of attitudes toward drinking that the culture produces; and (3) the degree to which the culture provides substitute

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means of satisfaction. It is often observed that in societies like that of the United States, in which so many people are so uncomfortable about drinking—so ambivalent and guilt-ridden—people become moralistic, judgmental, and punitive toward out-of-control drinkers, while at the same time being preoccupied with the benefits and risks of drink. It is the longing for the supposed benefits that has produced the ten million adult alcoholics among us; the fear of stigmatization keeps most of these, including religious persons, carefully hidden from sight.

EFFECTS OF ALCOHOLISM

Chronic consumption of alcohol directly damages body tissues and leaves them diseased. Since malnutrition often coincides, frequent and heavy drinking indirectly contributes to medical problems involving the heart, liver, brain, and nervous system, all of which require a continuous supply of nutrients. Cirrhosis of the liver is a typical alcoholism-related condition and one of the top ten causes of death in the United States. Wernicke's syndrome, which results in loss of memory of recent events and an inability to learn anything new, is also an effect of alcoholism, as is the irreversible Korsakoff's psychosis, which fills in memory gaps with fantasy. Such diseases, along with others of the pancreas, digestive tract, and lungs, contribute to the general lowering of an alcoholic's expected life span by approximately 10 to 12 years. Most of the illnesses related to alcohol abuse can be alleviated if a proper diet is administered (to achieve maximum restoration of damaged tissue) and drinking is curtailed. However, it is possible to in-

jure liver cells permanently if heavy drinking is prolonged. Surprisingly, there is still no convincing evidence that nerve cells die prematurely as a result of alcoholism, despite the unscientific claims of many alarmists.

Alcoholics have a generally high susceptibility to disease and an unusually slow recovery rate. Serious traffic accidents and fatalities are frequent among alcohol abusers. The Final Report of the Commission of Inquiry into the Non-Medical Use of Drugs states, "It has been estimated that alcohol related mishaps account for 30% of the severe injuries and at least 50% of the deaths from traffic accidents in the U.S." The alcoholic employee is absent about two-and-one-half times more often than his nonalcoholic counterpart; some companies calculate that 25% of the problem drinker's salary is lost annually. Suicide, too, is often related to drinking; one in three self-inflicted deaths is linked to alcoholism.

REASONS FOR DRINKING

There are countless reasons why people abuse alcohol despite the pathetic conditions that frequently result. The practice usually begins at an early age when the individual tries drinking and finds that it lifts his mood or allays his discomfort—at least for a short time. In this way, some learn to use alcohol to gain relief from insomnia, headaches, anxiety, depression, or boredom; to deal with the pain of a recent death, divorce, or separation; because of a financial, educational, marital, communication, or sexual problem; to forget unpleasant memories, rejection by others, past failures or disappointments; to cope with feelings of guilt, inferiority, isolation, or frustration; or to lower social, sexual, or aggressive inhibitions. Others drink to gain approval from their peers, for excitement, or even to punish someone who will be affected by their behavior. But probably the most common motive is to create a relaxed inner feeling that will contribute to what Chafetz calls "the essential human experience of socializing." He recommends sipping alcohol the way the Chinese do: "... savoring each drop as a gift of God, they drink to celebrate their mutual interdependence" in a country in which drunkenness and alcoholism are almost unknown.

CANDIDATES FOR ALCOHOLISM

One of the conclusions of a five-year alcoholism research program at Cornell University is that "alcoholism is not a single entity or disease, but a symptom associated with several illnesses or syndromes." This "symptom" was found to be associated with 11 different diagnostic categories, including manic-depressive reactions, psychopathic personalities, paranoid schizophrenia, and obsessive-compulsive personalities. Further re-

search has been done to determine whether there are certain traits that differentiate alcoholic from nonalcoholic individuals (a trait is a behavior pattern that is recognizable from situation to situation). Five personality traits have been recognized as characteristic of the majority of alcoholics: (1) *Low capacity for handling tension*. Whatever creates tension—frustration, anger, hostility, anxiety—is extremely difficult for the alcoholic to cope with. (2) *Dependency*. The chronic alcoholic seeks desperately to be taken care of, either by other people or by institutions (including religious communities). Many constructively use Alcoholics Anonymous to satisfy this intense need. (3) *Hostility*. Alcoholics often display marked hostility toward those nearest them. Some of the excessive guilt and remorse suffered by many alcoholics stems from the partial release of this hostility under the uninhibiting influence of liquor. (4) *Egocentricity*. The alcoholic is generally wrapped up in his own problems and concerns and remains indifferent to the needs of others. Though outwardly sociable, he often remains emotionally separate from other people, even those living under the same roof. (5) *Intrapyschic conflicts*. The alcoholic usually shows some signs of being depressed, tense, fearful, and pessimistic. His lowered sense of self-esteem and his self-contempt frequently motivate dangerous and potentially self-destructive behavior.

These five traits are certainly not found only in alcoholics, but they do add up to a profile often presented by the alcohol-dependent person. According to a widely held psychoanalytic theory, there is ample reason why such a self-centered, dependent, fearful individual, who has difficulty coping with everyday life, might turn to alcohol for comfort. Buried deep within the unconscious of every person is a memory of tension that was once almost magically relieved. In infancy, he was given liquid for nourishment, warmth, and to banish fears. Now, in adulthood, alcohol renders him practically the same reassuring service. It hardly seems surprising that he easily becomes dependent on it, both physically and psychically—in other words, addicted—despite the fact that it is leading him down a path toward self-destruction.

SOME WARNING SIGNS

How can you be sure you ought to be concerned about the drinking habits of someone you care for? There are some helpful questions that were formulated at Johns Hopkins University Hospital you could ask: (1) Does he lose time from work or school due to drinking? (2) Does he drink because he is shy with other people? (3) Does he drink to build up his self-confidence? (4) Does he drink alone? (5) Is drink affecting his reputation or jeopardizing his job? (6) Does he drink to escape from worries or trouble? (7) Does he feel guilty or terribly sorry after drinking? (8) Do people say that perhaps he

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drinks too much? (9) Does he crave a drink in the morning or at a definite time each day? (10) Has he lost friends because of his drinking? (11) Has he started hanging out with a different crowd because of his drinking? (12) Is drinking making his home life unhappy? (13) Does drinking cause him to have trouble sleeping? (14) Has he ever had a complete loss of memory from drinking? (15) Has his ambition or efficiency decreased since he started drinking? (16) Does he feel a sense of power when he drinks? (17) Does he think he has a problem with liquor? If the answer to any one of these questions is yes, he may be an alcoholic. If the answer to any two is yes, the odds are that he is an alcoholic. If you answer positively to three or more, he is an alcoholic.

HELP IS AVAILABLE

State operated agencies for alcoholism are available to persons seeking advice and referral. Generally libraries, community service organizations, and telephone directories are helpful sources in locating such agencies. The National Council on Alcoholism has affiliated referral groups that can be found in most city telephone directories, and Alcoholics Anonymous chapters are located throughout the world. Also, addresses and telephone numbers of state facilities may be obtained from the National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, Maryland (301-468-2600).

TREATMENT

Today, alcoholism is generally regarded as a treatable illness. Nevertheless, as long as there are people who continue to think of it as a form of

HELPFUL QUESTIONS CONCERNING THE DRINKER'S HABITS

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moral weakness, many religious and their communities will have difficulty acknowledging their problems and seeking help.

Judith Norback, in *The Alcohol and Drug Abuse Yearbook/Directory 1979-80*, lists three general steps in the treatment of alcoholism, only some of which may be required: (1) managing acute episodes of intoxication to save the life of the alcoholic and overcome the immediate effects of alcohol; (2) correcting the chronic health problems associated with alcoholism; and (3) changing the long-term behavior of the alcoholic so that destructive drinking pat-

terns are not continued. It is important to remember that there are numerous types of drinking problems and a wide range of techniques available for treating them. The challenge is to identify the person's needs and match them with the therapist and type of therapy most appropriate.

Although the probability of success is far greater when treatment is begun early, response to various types of treatment varies from one individual to another. Studies have shown the particular type of treatment does not necessarily influence the success of the outcome. According to the *Yearbook/Di-*

rectory, "There is no evidence that any particular type of therapist—physician, clergyman, Alcoholics Anonymous member, psychiatrist, psychologist, or social worker—will have better results than another. The chances of a successful outcome depend more on the combination of the right patient and the right treatment."

Alcohol-dependent persons may be treated as inpatients in hospitals and halfway houses or as outpatients in community mental health agencies and alcohol clinics. Again, success is not predicated on the type of treatment setting selected, and recovery rates depend on the individual. Better treatment outcome has been associated with social and occupational stability, high socioeconomic status, high IQ, good education, social skills, late onset of heavy drinking, no court convictions, few prior treatment involvements, high level of motivation, and a long period of abstinence during the year before starting treatment.

One of the first considerations in treating an alcoholic is the management of his withdrawal from alcohol. This is most frequently accomplished either in hospital chemical-dependency units or detoxification facilities maintained primarily for alcohol abusers. Treatment in a "detox" unit usually lasts from two to five days, but, in some cases, may last up to two weeks. Those experiencing delirium tremens (DTs) or convulsions (about half of all persons withdrawing) may require transfer to a hospital. The possibility of death from withdrawal must always be considered a serious risk, especially if the person is untreated. Tranquilizers such as Librium or Valium are usually given to prevent withdrawal seizures.

Another medication often prescribed for the alcoholic, as an adjunct to psychotherapy, is Antabuse. When taken regularly it serves as a deterrent to resumption of drinking, since it produces extreme nausea or vomiting if used concurrently with alcohol. Antabuse is often used for 3 to 12 months following detoxification. Because less than 1% of all patients continue taking it after they are released from the hospital, it is extremely important, whenever possible, that someone who has a firm interest in the patient's sobriety monitor the scheduled taking of this medication. Research suggests that alcoholics who are compulsive, older, socially stable, motivated, and who have had blackouts do better on Antabuse, whereas those who are depressed and those with sociopathic traits do poorly.

PSYCHOTHERAPY AS TREATMENT

When traditional psychoanalytic psychotherapy was initially used in treatment of alcoholic patients, success was very limited. Today, however, with the addition of behaviorally oriented approaches and family therapy, psychotherapeutic intervention has proved more valuable. There are

some clinicians who feel that group treatment approaches are probably the best for alcoholics. Others maintain that the effectiveness of group therapy has yet to be scientifically established. Still, one type of group that has been of enormous help to a vast number of heavy drinkers is Alcoholics Anonymous (AA). Like a global, extended family, AA claims about 425,000 members in about 13,000 groups in the United States, and there are more than 800,000 alcoholic men and women participating in 25,000 AA groups throughout the world. But considering the fact that there are ten million alcoholics in this country alone, the program is obviously reaching only a limited number of those in need of help.

An essential element in the AA approach is the alcoholic's admission of his lack of control over alcohol. When he finds that his life is proving to be unmanageable and his situation intolerable, "he must decide to turn over his life and his will to a power greater than his own." Much of the program has a spiritual but nonsectarian basis. Many professional therapists, including physicians, strongly encourage membership in AA as part of the treatment program for alcoholics in detoxification centers, general and psychiatric hospitals, clinics, prisons, and private therapy. Thousands of priests, sisters, and brothers who acknowledge being alcoholic are currently participating in AA programs.

Many professionals insist that as valuable and accessible as AA is, it should not be regarded as a complete form of treatment for all alcoholics; it should, they say, be viewed as a support to and not a substitute for other forms of therapy. Chafetz, in his extremely informative book, *Why Drinking Can Be Good for You*, registers his opinion that "remarkable as AA is, it's not for everyone. There are those of us who are private people and abhor the exposure that AA requires. Others have other needs." Other physicians, unlike psychiatrist Chafetz, express discouragement over any treatment of alcoholics, since they feel that it is usually unsuccessful. Their pessimism generally results from their lack of special training and a failure to appreciate the ways in which effective therapy is, in fact, being accomplished. The widespread impression that alcoholism is an untreatable disorder is utterly false. This lingering myth cannot be buried too soon.

DRINKING AFTER TREATMENT

Sharp controversy has flared during the past decade over whether alcoholics, after treatment, can or cannot return to controlled ("social") drinking. The traditional position—a view staunchly maintained by AA—is linked to the disease concept of alcoholism and holds that a change takes place in the drinker and he is never the same again. After therapy, it is believed, even a single drink will trigger an irresistible craving for more until intoxica-

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tion occurs. The widely publicized Rand report, along with several other less well-known scientific studies, recently raised questions about the universal application of this view, and suggested that some alcoholics can and do successfully reduce their alcohol consumption and continue their drinking with sobriety—sometimes with and sometimes without therapy. Emotional overresponse followed the Rand report. Debate has focused principally on the persons studied, with the report's opponents fiercely contending that many of the subjects were not actually true alcoholics. This angry reaction reflects the threat that reports of successful resumption of social drinking pose to the basic tenet of alcohol treatment programs that regard total abstinence as the only alternative to alcoholism.

The traditional stand taken by most professionals who treat alcoholics is that total abstinence should be the goal, even though this aim is seldom completely achieved. They have learned through repeated experience that patients are usually more successful when striving for this uncompromising ideal than when they are pursuing a goal of controlled drinking. As priest-psychiatrist Michael Peterson, founder of St. Luke Institute, a residential alcoholism treatment center for priests and religious in Suitland, Maryland, has stated, "Almost all programs have sobriety as a primary objective. However, it is becoming more clear that other considerations, such as improved social or occupational adjustments, may be far better guides in evaluating the success or failure of a treatment effort in a single individual." Peterson is therefore convinced that treatment programs "should ideally include some attention to improvement of psy-

chological health, improvement in social and communication skills, educational aspects of alcohol itself, and areas specific to his or her occupational life." He further specifies that follow-up should not be neglected after acute rehabilitation has been achieved, since "the ultimate aim of treatment is long-term control of the illness and not cure." In this last remark, Peterson shows that he shares the common medical opinion that alcoholism, like many other conditions, cannot be cured completely, even though it is "very treatable," as Chafetz has said.

REFERRAL STRATEGY

Religious superiors often feel they are being placed in an extremely uncomfortable position when a member of their community shows signs of having a problem with alcohol. They sense an obligation to be of help, but at the same time they are reluctant to intrude on the privacy of the individual. They are not alone in facing this dilemma; experience shows that at least four other persons are affected by the behavior of every alcoholic in the United States. Since there are ten million alcoholics, there are 40 million people who share the problems of alcoholism and have a personal stake in helping someone near them find a way to restored health.

Some religious communities have circulated among their members a list of suggested steps that can be taken to help a problem drinker. In New England one regional superior, former provincial Richard Cleary, S.J., has prepared a straightforward document for his local superiors that begins by recognizing that "an alcoholic cannot help himself. He will not, except in very rare instances, look for help spontaneously." Father Cleary then specifies that the aim of his suggestions is "to help a superior to bring a problem drinker in his community to the point where he is willing to accept help in the solution of his problem. The unique difficulty with this illness is that the sick person is blind to the reality of his situation. To help him one must find a way through the maze of self-deception he has fashioned for himself." This last statement highlights the major stumbling block to successful referral and treatment—the alcoholic's deep-seated tendency to use denial as a psychologic defense mechanism.

New York psychiatrists Mark Gallanter and Stephen Bender, in writing about denial in relation to alcoholism in *Current Therapy 1980*, say: "What is the nature of denial? Two points are central to this concept. First, the patent reality associated with the disease (such as quantities consumed or specific job problems) is often dismissed from the conscious awareness of the denying person. Second, this process is not carried out by purposeful intention." In other words, a person is sometimes unaware of his distortion of reality, even though to

an observer he might seem to be deliberately lying. Alcoholics very frequently function in this pathologic way.

CONFRONTATIONAL INTERVENTION

Father Cleary goes on to recommend, as a strategy for intervention, "a planned confrontation with a problem drinker to get him to recognize his problem and commit himself to treatment." He lists the following steps: "(1) Get information—all the information there is. Eyewitness, of course, is better than hearsay. Information about his failures in the performance of his function: tardiness, observed misbehavior, etc. (2) Read available literature about alcoholism to understand the nature of the illness; a simple reprimand does not solve the man's problem. (3) Discuss the situation with other religious who have experienced the same problem. (4) Promptly undertake an informed, planned, one-on-one brotherly intervention. The aim is to enable the man to make his own decision to accept help. The stress should be that this is a serious health problem and that you are simply following your obligation as superior, implementing the province policy, seeing that he gets proper treatment. It is important for the man's sense of support, hope, and love, that this be done in a spirit of fraternal love and concern."

If the religious alcoholic agrees to accept help, it is suggested that an AA member of the community begin accompanying him to meetings. The second option is a stay at one of the Guest House priest-treatment centers in Michigan or Minnesota. Among the alternatives to these locations are the already mentioned St. Luke Institute and a number of other North American centers in which religious patients are being successfully treated for alcoholism. If a person is not sure that he has a drinking problem, Father Cleary suggests that he arrange an appointment with the province's physician-consultant on alcoholism to get his opinion and recommendations.

Any superior endeavoring to help an alcoholic member of his community must be prepared to experience failure in a one-on-one encounter. If his efforts are unsuccessful, the superior should resort to group intervention. Such an approach has been vividly described in a *Reader's Digest* reprint entitled "A Dynamic New Approach to the Alcoholic" by John Hubbell. The same tactic is presented in unforgettable style in priest-therapist Vernon Johnson's guidebook to the treatment of alcoholism, *I'll Quit Tomorrow*.

FOLLOW-UP

If treatment for the religious person is to prove lasting, it is important that the superior provide follow-up. If the person has joined AA, the superior can keep in touch with him about the frequency of

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his attendance at meetings, his participation in the program's activities, his sponsor, and his progress in accepting the tenets of AA. If the alcoholic religious chooses to go away for treatment, the superior should write to him while he is there. Father Cleary's suggestions are: "Write friendly, informed, newsy notes that will give him support. Establish contact with his counselor. Keep advised of his progress in treatment. Give the man a long time to talk when he returns for therapeutic leave near the end of his treatment. When he returns for good, see that he visits our province's physician-consultant on alcoholism to work out a game plan for continued recovery. Check frequently with the man to see if he is following this plan. Ask the help of another religious in AA to guide the man to local meetings."

Superiors of religious congregations are not the only ones who should be concerned about getting appropriate help for members who have become alcoholic and about supporting them through treatment. In the *New England Province Policy on Alcoholism*, Father Cleary writes: "In fraternal charity and in varying degrees of competence, all members of the province have an obligation in conscience to help the suffering alcoholic to obtain adequate treatment. This obligation is just as urgent as the obligation of securing adequate treatment for any other serious disease."

DAMAGING RELUCTANCE

Why is it that so few religious find themselves inclined to take this obligation seriously and confront the alcoholic priest, brother, or sister who is

drinking too much? Probably fear has a great deal to do with it. Most alcoholics harbor, often not far below a smiling surface, a great deal of hostility, and this intimidates a potential helper. There are other religious who will not intervene because they simply don't want to become involved. Too busy themselves, they see the community's authority figures as responsible for such human services as arranging treatment and hospitalization. But there are still others who do not recognize the hostility

that they themselves feel toward the alcoholic who is behaving in uncontrolled ways and embarrassing and annoying them. They display their resentful reaction by (unconsciously) refusing to come to the aid of the suffering drinker. In effect, they are saying to him, "You're making your own bed, so lie in it." Such indifference or apathy on the part of the onlooker is too infrequently recognized as a sign of anger. What the religious alcoholic is yearning for, despite his intimidating manner, is a good samari-

A PLANNED CONFRONTATION

1

Get information—all the information there is. Eyewitness, of course, is better than hearsay. Information about his [*the problem drinker's*] failures in the performance of his function: tardiness, observed misbehavior, etc.

2

Read available literature about alcoholism to understand the nature of the illness; a simple reprimand does not solve the man's problem.

3

Discuss the situation with other religious who have experienced the same problem.

4

Promptly undertake an informed, planned, one-on-one brotherly intervention. The aim is to enable the man to make his own decision to accept help. The stress should be that this is a serious health problem and that you are simply following your obligation as superior, implementing the province policy, seeing that he gets proper treatment. It is important for the man's sense of support, hope, and love, that this be done in a spirit of fraternal love and concern.

The religious alcoholic yearns for a good samaritan who will take the needed steps to ensure adequate treatment.

tan who will take the needed steps to ensure that all is done to procure adequate treatment for the person who has taken one too many drinks for the road.

PREVENTIVE EDUCATION

Much deserves to be written about doing everything possible to prevent alcoholism within religious communities. Chafetz has proposed, "First, as a society, we need to establish a consensus on what the upper limits are of how, where, when, and how much we drink. . . . This would require a change of value and behavior, but I believe it can be accomplished through enlightened education, inspiring national leadership, and concerned community organization." The same can be said, *mutatis mutandis*, with regard to a religious community. The second step that Chafetz proposes is "to spot people who are using alcohol poorly and to offer help before severe alcoholism develops." In his book *Why Drinking Can be Good for You*, he writes with wisdom about how, when, and how much to drink, and he makes potentially helpful suggestions about ways of "talking to a friend who drinks too much," what to do when you are "on the martini circuit but don't want to drink," and ways of helping someone at home who is "drinking too much and doesn't believe it." He provides a list of the foods we ought to be serving during our community cocktail hours if we don't want to encourage alcoholism; the best ways to choose glasses and mix drinks; the least pressuring styles of offering someone a drink; and the types of background sound and lighting that help deter people from drinking excessively.

Chafetz's insights fit in well with what is at the heart of many alcohol prevention programs today—the recognition that responsible drinking behavior depends principally on learning how to drink. Of course not all people choose to drink, but those who decide to do so need to understand how alcohol may affect them. And they must learn to behave in a mature manner in their use of this God-given but potentially lethal drug.

RECOMMENDED READINGS

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Norback, Judith. *The Alcohol and Drug Abuse Yearbook/Directory 1979-80*. New York: Van Nostrand Reinhold, 1979.

Poley, Wayne; Gary, Lea; and Vibe, Gail. *Alcoholism: a Treatment Manual*. New York: Gardner Press, 1979.

Seixas, Frank; Cadoret, Remi; and Eggleston, Suzie. *The Person with Alcoholism*. New York: Annals of the New York Academy of Sciences, Vol 233, 1974.

Steiner, Claude. *Games Alcoholics Play*. New York: Grove Press, 1971.

WHERE TO GET HELP

Alcoholics Anonymous

General Services
468 Park Avenue South
New York, N.Y. 10016

National Council on Alcoholism

733 Third Avenue, 14th Floor
New York, N.Y. 10017

National Clergy Conference on Alcoholism

2749 N. Marshfield Avenue
Chicago, Illinois 60615

Women for Sobriety, Inc.

Box 618
Quakertown, Pennsylvania 18951

Catholic Office of Drug Education

U.S. Catholic Conference
1312 Massachusetts Avenue, N.W.
Washington, D.C. 20036

Pills Anonymous

P.O. Box 473-Ansonia Station
New York, N.Y. 10023

THE POVERTY PARADOX

"The Beatitudes are not for us; not in this day and age! In fact I find them hopeless!" Thus spoke a retreatant after one day with the Beatitudes.

The second day she said, "My hopelessness has changed to helplessness."

Later she interpreted these paradoxes as
"Happy are those who are unencumbered."

SISTER MARIAN COWAN, C.S.J.

It is a truism to say that health, happiness, and holiness go hand in hand. Each one affects and is affected by the others. We are used to looking at health and happiness as being interrelated. But holiness? Often holiness has been relegated to the province of the esoteric, overlooked by ordinary people as if "it's not for me." Holiness, in actuality, is simply spiritual health. And when a person is spiritually healthy, he is happy and often exhibits greater physical tone.

Holiness, or spiritual health, is not for a favored few. To be spiritually healthy is the choice open to each of us. This kind of health broadens our vision so that we begin to see with the eyes of faith into all reality. It picks up on the oft repeated admonition of scripture,

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"Those who have eyes to see, let them see! Those who have ears to hear, let them hear!" And spiritual health enables us to live our ordinary human lives at a depth that gives us a sustained peace, even within the most difficult circumstances.

Spiritual health is not a buffer from reality; it is an entering into the heart of reality. It provides a clarity of vision that does not deny the natural but gets inside it and meets the God of all nature there. Spiritual health is based on encounters with God—not the god of our imagination, but the God of Scripture. Not a god manufactured for and handed to us by others who do not know Him themselves, but the God who made each of us and loves us and wants us to be aware that we have a relationship with him. The God who desires that we live according to that relationship. To be spiritually healthy means not that we know about God but that we know Him.

Becoming aware of our relationship with the living God is a life-altering event. Knowing God and living according to the relationship this knowledge brings demand that we take on His attitudes, that we deny the value system of the world and live the value system exemplified in Jesus the Christ.

The spiritually healthy person does not live in a fall-out shelter, protected from reality; he grows in the attitudes, and value system of the Lord, and is challenged daily to make that value system and those attitudes operative in the real order, in the day-to-day experience of life.

What is the value system of Jesus? What are His attitudes that must transform our own? We find them spelled out quite carefully for us in Matthew, chapters 5, 6, and 7, commonly known as "The Sermon on the Mount."

The Sermon begins with eight succinct and rather cryptic paradoxes, each suggesting that we will find happiness (blessedness, holiness) exactly where we think we are least likely to find it. After all, does a person usually become poor to be happy, or rejoice when being persecuted, or find comfort in mourning? Not if one is operating on the purely natural level. If, however, we begin to "put on the Lord Jesus Christ," the Beatitudes open up to become clear indications of what is expected of a person in his relationship with God.

The challenge of the Beatitudes is to live them. They are paradoxes because they teach us to look for happiness in the midst of suffering. They teach us to penetrate the reality around us, which is full of suffering, persecution, and oppression—and to be happy. Strange!

I believe that when a person is trying to live a Christian life but is not really happy, it may be because he is resisting one of the Beatitudes. If these paradoxes give us a recipe for happiness, then it seems possible that a person living in a pervasive sadness is looking for happiness in the wrong place. Perhaps he has forgotten or blocked out the call to place his happiness in Christ and His value system.

Let us take the first of these Beatitudes and see what

it has to say to us about happiness and spiritual health.

Happy (blessed) are the poor in spirit; theirs is the kingdom of heaven.

What does this mean in the context of the gospel? To whom was Jesus speaking? He was talking to an oppressed people, a captive people. He knew this because He was one of them. He confronted them and called them to the happiness of being poor and promised them the Kingdom. Do you think they understood? Immediately accepted? What were the expressions on the faces that Jesus looked into? Was there a ripple of chagrin through the crowd? Jesus did not mitigate His statement. He did not say, "Well, you know, I didn't quite mean it the way it sounds." He elaborated on it throughout the sermon, in fact, most of the other Beatitudes reflect this first one.

Let us imagine ourselves as the people sitting on the slope, fixed by Jesus' gaze. Let Him look into our eyes and proclaim this Beatitude. What does it mean for us? Do we want to be happy? Truly happy? Then we must be poor in spirit. Happiness depends on it. When we are unhappy, isn't it because we are grasping after something we cannot have? When we have that awful desire to possess, to have that which is beyond our grasp—longing for it, pining for it, yearning for it—we begin to feel sorry for ourselves. When somebody else has what we want, feelings of jealousy arise and unhappiness sets in. And when we do have what we want, but find ourselves always desiring more, more, and more, the unsatiable appetite eats away at our happiness and at our spiritual health. Such treasures are outside ourselves, and as long as we reach outside to satisfy our inner longings, we can never be whole.

THE KINGDOM WITHIN

It is only when we discover that happiness, joy, peace, and serenity do not depend on that thing, person, or situation that we had pinned our hopes on that we can begin to get in touch with what we already have—the Kingdom. Jesus says the Kingdom of God is within us. Where our treasure is, there lies our heart. It is hard to be aware of this treasure we hold within us while our attention is fixed on the world's treasures. But when we become aware of the Kingdom within and the King who calls us away from dependence on outside realities, we begin to experience a happiness no one can take from us. And we begin to see with the eyes of faith, and we gain a perspective that frees us of the crippling need for things outside and allows us to still be happy. We are becoming poor in spirit.

But there is more to it. Suppose Jesus put the Beatitude to us this way: "Blessed, happy, are those who live according to sufficiency rather than superfluity. Happy are those who know that whatever they do not need does not belong to them but to the poor of the world." What would that do for our spiritual health? It would take us out of any unhealthy isolation we might have fallen into, and would make us responsible for one another—interdependent stewards of the earth and its wealth. The conviction that

Spiritual health is not a buffer from reality; it is an entering into the heart of reality.

what we do not need is not ours but belongs to others in need will empty our larders and bulging closets. Graced with the value system of Christ, we assess the difference between our needs and our wants and begin to base our lives on this assessment. We come to grips with our superfluity and begin to trim and share and rejoice in our growing ability to do so.

We live in a consumer society. Happy are those who are not overcome by it. Everything around us seems to call out, "Buy! Need! You need me!" What do we need to be happy? Notice the ads on television, in periodicals, and on billboards. They tell us what we need to be happy. Not only do we need things, but we need certain kinds of things, and then not only certain kinds of things, but the right smell and look and the right feel to the touch. They tell us this is what will make us happy. And we are often taken in by this value system of the world, accumulating when we could be sharing, letting our attention be caught by the possibility of self-enhancement rather than by the possibility of assisting others. We are being held in bondage by our own desires. The experience of breaking this bondage is exhilarating. Have you ever said no to yourself and experienced the feeling of liberation it brings?

DESIRE OR NEED?

Let me give you an example. A couple of years ago I took up jogging. Early each morning I donned blue jeans and sweat shirt and took to the road for a couple of miles of exercise. I was not alone in this endeavor, and I soon realized that most of the other joggers I met were wearing warmup suits or jogging suits in nice, attractive colors. My desire for a beautiful jogging outfit took root and began to grow. As I encountered the

others each morning, I felt increasingly shabby in my jeans and sweat shirt, even a bit embarrassed. Subtly, the desire changed into a need. Although I knew perfectly well that I could jog just as easily in my usual attire, I began to feel a need to be like everyone else. When I received my budgeted allowance at the beginning of the next month I decided to investigate jogging suits. I started off for work the next morning, my imagination filled with the varied possibilities. There was only one catch: while I was daydreaming about the kind of outfit I might be able to afford, I drove right past the road to the shopping center and was suddenly signaling for the left turn into work! That was the moment of grace—and of relief. Along with realizing that I'd missed the turnoff I became aware that I *did not need* a jogging suit, and that if I bought one I'd probably hate it forever because it would remind me of my weakness. An intense feeling of liberation swept over me and I smiled in the moment of freedom. I had triumphed over consumerism in one small way, at least for the time being. Later, a friend of mine gave me a nice, economical jogging suit for Christmas! I wear it to remind myself just how much like everyone else I really am.

THE DANGER OF RICHES

Jesus tells us the poor are blessed because wealth is dangerous. In a graphic text from Mark, Chapter 10, we find a story that can leave us very uncomfortable. It is the story of the rich young man who asked Jesus what he must do to share everlasting life. Jesus told him to keep the commandments. The young man protested that he had kept all of them since his childhood.

Then Jesus looked at him with love and told him, "There is one more thing you must do. Go and sell what you have and give to the poor; you will then have treasure in heaven. After that, come and follow me." At these words the man's face fell. He went away sad because he had many possessions. Jesus looked around and said to his disciples, "How hard it is for the rich to enter the Kingdom of God!" The disciples could only marvel at his words. So Jesus repeated what he had said: "My children, how hard it is to enter the Kingdom of God! It is easier for a camel to pass through a needle's eye than for a rich person to enter the Kingdom of God." They were completely overwhelmed at this, and exclaimed to one another, "Then who can be saved?" Jesus fixed his gaze on them and said, "For human beings it is impossible, but not for God. With God all things are possible." (Mark 10:21-27)

As Jesus fixes his gaze and challenges us with this message, which of us doesn't squirm? What is Jesus getting at? He is warning us about the danger of riches, the danger of letting worldly wealth become our treasure. The things themselves are not evil; they are

**As long as we look to
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his creatures. The danger lies in possessing them, in the greed and selfishness that may result, and in not sharing but turning in on ourselves as we begin to manipulate and oppress others for our own aggrandizement. It becomes a collective danger, as groups of people raise their own standard of living at the expense of others—using people, enslaving people, so that those who control the wealth can live the good life while countless others starve. This is what Jesus is driving at.

SHEDDING THE BAGGAGE

I often wonder where the eyes of the rich young man were when Jesus looked at him with love. Surely he must have missed that look, that special moment of

encounter. Did his feeling sorry for himself make him look down? How easy it is for us to do the same thing. We avert our eyes from the gaze of the Lord, which would be liberating. "With humans it is impossible, but not with God." As long as our eyes are anywhere but on the Lord, whether in longing or in self-preoccupation, we will never be free of the baggage that prevents us from entering the Kingdom. But once we let His eyes engage ours, holding the gaze long enough to realize His love, we can let go of all else that absorbs our energies. One encounter with our loving God leads to another and another until we are ready to leave all things and follow Him. "All things are possible with God."

So, the discomfort we feel as this Beatitude is probed is good and healthy. If we do not run from it, it can be the stimulus that leads us into becoming poor in spirit and, therefore, happy. Happy are those who know that they are poor. When I know my happiness lies in living the value system of Jesus, then I'm more apt to turn to him first instead of last. I will not be preoccupied with things outside of me, nor worry about their attainment. "Don't worry," Jesus says. "Seek first the Kingdom of God and His justice," (or, as Luke says, "my way of holiness"), "and all these things will be added to you." We must acknowledge our poverty, our dependence on God instead of on things. Then we will be happy—and healthy.

QUESTIONS FOR REFLECTION:

What are my riches?
On what does my happiness depend?
Can I live according to sufficiency,
or am I caught in the
consumer society around me?
Can I let the Lord engage my eyes,
or, like the rich
young man, do I go away sad?

Editor's note: From time to time, it is our intention to offer Human Development's readers an opportunity to enjoy an inside look at the meetings, seminars, conferences, and programs that we feel are of special interest. This first report was submitted by Father William Connolly, S.J., a staff member and founder of the Center for Religious Development, Cambridge, Massachusetts.

SPIRITUAL DIRECTION *An Encounter with God*

WILLIAM J. CONNOLLY, S.J.

This year the Center for Religious Development, in Cambridge, Massachusetts, hosted its seventh annual graduate conference. Forty current and former staff members convened for a long and opportune weekend to discuss their experiences of the past 12 months and to evaluate the state of their ministerial work.

The center's staff believes that these graduate conferences are unusual in the field of spiritual direction. Some of this year's participants have worked as spiritual directors for as long as 20 years, and all of them have completed the graduate program in spiritual direction that has been sponsored by the center since 1972 in conjunction with the Weston School of Theology. Those present comprised one of the largest graduate groups in the country to come together with a common background for discussion of their developing experience as spiritual directors.

The experience of the participants this year was diverse. Some have been working in the Third World; others have offices in centers, seminaries, and universities throughout the United States and Canada. Several have been involved in the founding of new spiritual direction centers in Detroit, Springfield (Massachusetts), Jamaica, and other Caribbean countries.

Most of the graduates had indicated through correspondence that they wanted this year's conference to center on the focus of their ministry. They hoped to deal with such questions as: Did they find that, in practice, religious experience was their focus? If so, in what sense did they understand religious experience? If not, what was their focus? The role-play that was presented as a way of opening up the conference to wide and vigorous participation was designed to illustrate a director's opportunity to focus on religious experience. In this fictitious scene involving a cast of two (a director and a directee), a woman who had requested direction expressed her concerns. She was leaving her professional position and did not know what work she would be doing in the future. She was finding the prospect of leaving her colleagues and students unsettling, and she was concerned with the fact that on several occasions when she had prayed, the gos-

pel scene of Jesus inviting the disciples to set out "into the deep" had strongly appealed to her. Jesus had seemed to be suggesting to her that she set out into the deep with Him. She had hesitated; but then, abruptly, she had found herself in the boat. Still, she felt a sense of hesitancy.

Without discussing her other concerns at any length, the director asked whether she wanted to talk about the events that had taken place in the prayer. She did, and together they looked at Jesus, at what she thought He was saying in the prayer, and at her reactions. The director's purpose was to give her an opportunity to review what had happened in the prayer, to speak of her reactions, and to consider what she might say or do if she were to return to the same situation in prayer.

After the role-play, the group was invited to respond to the question, "How do you feel about the focus of spiritual direction demonstrated in the role-play?" The ensuing discussion revealed general approval of the director's decision not to encourage his directee to talk extensively about her other concerns but to concentrate instead on her experience of Jesus in prayer. The discussion was concluded with the following summary statement: "The kind of spiritual direction which we do or would like to do works with the images that arise from a person's prayer in order to help the person develop his or her relationship with God through those images." The images to which the statement refers are not just any pictures that might happen to pass through a person's mind during prayer, but images like those described in the role-play (e.g., the woman in the boat with Jesus) in which the directee portrayed her own relationship with the Lord.

In a later session, the group members began to discuss the focus of spiritual direction as they, in their own work, had been experiencing it. A number of participants stated that they would like to be able to concentrate on the directee's relationship with God as the role-play director had, but they had found that many people were not ready to speak of their prayer in such explicit and concrete terms. They reported that many of their directees did not and probably could not experience prayer

The director's work, by its very nature, brings him into close and explicit contact with God.

of this kind. The question "How can you determine whether a directee will ever be able to pray like that?" revealed the concern of a number of participants. As the discussion progressed, confusion developed about the use of the word "images," and questions arose about the advisability of emphasizing biblical imagery at all.

SOME REFLECTIONS

To everyone interested in the state of spiritual direction today, the conference offers two items for consideration. It points out the appeal of contemplation-oriented direction to experienced directors, that is, direction that focuses directly on a person's explicit relationship with God. It also indicates the difficulty of maintaining that focus in practice. Even when a director believes that this is the way in which he can best help those who come to him, and he knows his directee is receptive to this approach, it is surprisingly infrequently pursued. This difficulty in focusing is perhaps the major issue in the practice of contemplation-oriented direction.

When spiritual directors discuss this difficulty, they usually treat it as a problem. It is possible that, besides providing us with a problem, the difficulty can also help us to better understand the basic nature of spiritual direction and how it fundamentally differs from other pastoral ministries. One of the most revealing facts about the difficulty is that it often provokes a strong and mixed reaction in directors; they are frequently attracted to it but are also inclined to avoid it. There are a

number of possible reasons for this ambivalence. Some directors, especially beginners in the ministry, may not know how to help a person talk about his religious experience or the relationship he has with God which that experience illuminates. For these persons, the problem may well be that they do not know what to do when religious experience is spoken of; so they skirt it, at least for the time being. There may, however, be another, deeper reason for avoiding the issue.

In contemplation-oriented spiritual direction, the director and the directee talk about God acting in a person's life. They talk about it concretely rather than abstractly or theoretically. They are, in other words, trying to "look at" the Mystery acting and communicating Himself. The more they talk about it, if the discussion remains concrete, the more likely they are to be affected by it. The Mystery would not be the Mystery if we could remain close to Him through concrete discussion without feeling some ambivalence. Sometimes the fear that such discussion arouses is clear in the director's own feelings. At other times it makes its appearance only when the director and a supervisor are trying to understand why the direction has become shallow, or why the director has not probed further into an incident in prayer that seemed important to the directee.

Meetings between a spiritual director and a directee can be quiet, interesting, unchallenging events. The conversation can be concerned with thoughts about God, a book or an article on spirituality that the directee has recently read, events that have taken place in his life, or questions that have occurred to him. The meeting can focus on such issues as the directee's doubts about the Christian values implied in his purchase of a new boat, or a problem he is having with his living situation, his marriage, or his work. It can also center on the directee's lack of time to pray or that his prayer is frequent but uneventful. When, however, the director and directee are talking about an incident in which God seemed to be acting in the directee's prayer and the directee reacted to Him, a different tone enters the conversation. Both director and directee then find themselves on holy ground. The more aware the director is of this holiness, the more varied and intense his own reactions can be. He may be attracted by the directee's experience; he may, at the same time, find himself, his own values, and his own practice of prayer under scrutiny.

This reaction, to which a director is especially liable, seems to me to radically differentiate spiritual direction from counseling. The director's work, by its very nature, brings him into close, explicit contact with God and the directee. This core experience of his ministry keeps requiring that he let himself be dealt with by God, and like everyone else, he is drawn—but also wants to flee—when God comes near and he becomes aware of His awesome closeness.

SHAPE OF A DAY

JAMES TORRENS, S.J.

a day.
it comes fitting you to itself
It wants to wear

This is me, it says,
in patches vivid or dull.
some pieces
rub raw. but here, here
exquisite.
Make me look good

or you get long stretches

Have you sat with it in your hands,
official, stiff,
its own field of force?
trouser legs exacting a noble stand

so much comes pale from
waiting rooms, needs color

and the light stuff, flowered
or riding easily if plain,
cut for the neck, airy.
The busiest should not pass these
up

and the fancy cuts. Lord!
worth watching for

goods. stuff.
It takes shape hour by hour,
with a quizzical look.
Don't make me come out wrong,
it pleads. Each nighttime
clearly tells.

How precious a day, a single day! So many of us living dully or anxiously or even exhaustedly let our days slip by. People remark, coming off a tedious job, "Well, chalk off another day." The words breathe relief, but what a waste. A person feeling this way admits, in effect, "My days unroll one just like another, in a long string, and I just disposed of one more." "As if you could kill time," Thoreau said, "without injuring eternity."

The most precious thing about each day is that it can be given shape. It begs to be allowed a form. We are not the prime agents in such a process, for the moments of opportunity or testing that arrive before us are providential. Someone who loves us is providing them. Still it is for us to detect their latent shape. This goes beyond the skill that the handbooks of organizational theory refer to as time management. Not that we should disdain this skill; we badly need it. But time management is technique, orderliness, whereas we must aim beyond to art, to design. And we must capitalize on surprise, like the water colorist adapting a spilled blob of paint.

The habit of journal keeping, honored in so many cultures and countries, is a first step in shaping time. Travelers are still the most diligent keepers of journals; they do not want the impact of a few hours at the Great Wall of China to be crowded from their memory by a later visit to some model commune or the Forbidden City. We most need, however, to ponder and shape not the extraordinary but the ordinary, exercising attentiveness on what seems, deceptively, the most familiar and workaday.

I look back with astonishment now on some few of my own spotty journal entries and welcome renewed contact with the moments of grace they keep alive. "June 19. Hard day! I came back from three

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The most precious thing about each day is that it can be given shape. It begs to be allowed a form.

days' vacation and the burden of all that awaited me back home weighed heavily and, indeed, made me snap at a few people. Yet our evening Mass renewed my hopes that the ability to bear, and be, and do, and hardest of all, decide, is conferred by the One who says, 'I will not fail you or desert you.'"

Ignatius of Loyola invented a technique that he called the examen, proposing it in his *Spiritual Exercises*. Many of us remember it not too fondly in its elementary form in which the beginner is trained to notice and record and eventually weed out one particular fault at a time. The method invites comparison with that project of self-perfection via lined pages and daily notations recommended by Benjamin Franklin in his *Autobiography*. And we remember how Franklin's text was derided by D. H. Lawrence for the smugness he detected there.

But Ignatius, outlining a life for his companions and insisting that the examen is of central import, clearly meant it to be more than a simple ablution of misdemeanors, or a filing-off of rough edges. He instructed his followers that any other form of prayer—meditation, breviary, rosary—can yield to the pressure of duties, but not the examen. Why not? Because this is to be the moment of self-examination when we consider what the day's principal events have been saying to us, how we have responded to them, and whether we have husbanded and dispensed our love well.

The adventure of shaping each of our days, to help it make the best of its one chance, should start the night before or soon after rising, with attention to some text or context. Most often the scripture of

the day holds as a kernel the motif that will govern what is to transpire. It sounds a theme for our day. It speaks directly to some weak part of us that needs bolstering, to some rationalization or passion that needs uncovering, to an opportunity that is going to present itself. Example. I find myself obsessed every so often by sour thoughts about an individual, sparked by some minor incident. How embarrassing yet how helpful it was one day when the following motif, drawn from the morning's gospel, popped into my head, "You shall not kill"; you shall not murder your brother in your thoughts. The resolution had been planted long ahead of the difficulty.

It is uncanny how the day can be pervaded, how a message can keep resonating. A day's gospel not too long ago centered on the announcement, "The kingdom of heaven has drawn near." DeLubac's explanation, drawn from the Fathers, is that Jesus is the kingdom in person. Remarkably, a number of pastoral or consultative moments in that day brought these words home, whether it was sounded through colleagues who were reinforcing the message to me or through me to others.

Thus each day is an adventure. We do not live by months or years or even so much by seasons as we do by individual days. Hugo Rahner has put it neatly in *Ignatius the Theologian*: "All times are compressed into 'the present moment,' into 'today'—for every 'today' can bring salvation, and it is time when one must hear his voice and not harden one's heart." His sentence rephrases Psalm 95, with which each morning's breviary begins.

I, myself, seem just now to have discovered this potentiality of my days, with half a century of them already gone. Where can I possibly have been displacing my attention? A thrill, a terror too, comes from finding how much more weight and body the time can carry. Miguel de Unamuno, in *Our Lord Don Quixote*, may be allowed the last word. He writes the following in his opening pages, which turn to Ignatius Loyola for a striking point of comparison with that undaunted striver Quixote: "The most urgent matter is the one here and now; in the moment that passes and in the narrow space we occupy lies our eternity and our infinity." The moment passes quickly, no question, and a follower comes, but the moments readily compose. And what they form, the shape they need to take, is a day.

Book Review

DON SUTTON, S.J.

Focusing, by Eugene T. Gendlin, Ph.D. New York, Everest House, 1978. 178 pp., \$7.95.

Focusing is a process in which you make contact with a special kind of internal bodily awareness that psychologist Eugene Gendlin calls a "felt sense" and describes as a "large, vague feeling." While reading this book I had a large, vague feeling that (a) something was missing, and (b) much of what I was reading had a déjà vu quality to it.

It took a while to get a felt sense of what was missing, but early into the book I became aware of what seemed so familiar. As Gendlin, a professor at the University of Chicago, described and defined his concepts, I began to realize that I was hearing echoes of the discernment of spirits from the Ignatian *Spiritual Exercises*, faint reminiscences of centering prayer and Basil Pennington, O.C.S.O., and some Eastern influences such as the exercises found in the book *Sadhana* by Anthony de Mello, S.J. Of course, these are all sources that deal with the religious dimension of human experience and consciousness, and Gendlin's book does not. That is what seems to be missing to a person like myself who ordinarily includes that dimension when reflecting on a person's problems in an attempt to alleviate or solve them. This absence finally became "felt" when I found the author reflecting on the fact that most people have no one who understands or hears them; no one who really knows the

"dark places" within them. The message of Psalm 139, with its declaration of the experience of being totally, fully, and completely known, came immediately to mind.

Enough of what this book is not. Just what is it? It is another in the long line of self-help and lay-therapy books that are so readily available these days. However, it goes beyond most in that it attempts to articulate (not always with perfect clarity) the philosophy that underlies its technique; then carefully, in defined steps and with helpful examples, it presents that technique to the reader. According to Gendlin, the philosophy of focusing is optimistic. It is based on the very positive expectation of change. It does not envision a human being as a fixed structure whose shape can be definitely analyzed. It envisions a person as a process capable of continual change and forward movement. The problems inside are only those parts of the process that you have stopped, and the aim of focusing is to "unstop them and get the process moving again."

Gendlin advocates the almost universal use and applicability of his technique. It is teachable to all—in schools, church groups, community centers, and, it is hoped, in seminaries and religious communities. It is, he says, potentially helpful to everyone and harmful to none, because when we focus with or for someone else, neither person is vested with the kind of authority given a therapist in the usual psychotherapeutic setting. Nevertheless, it seems to me that spiritual directors and formation personnel should be sensitive to their "role-power" if they decide to employ these techniques with others.

Focusing emphasizes a body/mind integration, certainly compatible with the current holistic emphasis in counseling and direction. Further, and somewhat uniquely, focusing asserts that the process of change will feel good, not painful, if done correctly.

"The Focusing Manual," presented in chapter 4 of the book, gives the basic steps of the process,

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which are refined and clarified in subsequent chapters. They are:

- Clearing a space—a listing of the problems and concerns that the individual is feeling at the moment, while assuming a detached, observer stance toward them.
- Feeling for the problem—the individual asks which problem feels the worst right now, and attempts to feel the problem “whole”—the sense of “all that” which is a burden at the present time.
- Finding the crux—by asking open questions, the individual attempts to arrive at the answer to the question “What is the main thing that makes me feel bad?” This is the crucial stage in which a “body shift” is expected to occur.
- Labeling—the individual attempts to let words and pictures develop out of a feeling, letting the feeling label and explain itself.
- Checking back with the feeling—asking (without answering) “Do these words and this feeling match exactly? Are these the words for it?”
- Another round—that is, back to step three to repeat the process.

Since the author states that the two main discoveries on which his book is based are (1) that bodily awareness influences our lives (an awareness he calls a “felt sense”), and (2) that this “felt sense” will shift if approached correctly, it seems vitally important to get hold of what is meant by “felt sense.” He communicates his meaning by giving the example of going away on a trip with a feeling of having left something undone. When we finally remember the forgotten deed, we feel a bodily change (a “body shift”), even if we cannot perform the forgot-

ten action or go back for the object left behind—simply getting a sense of it provokes the shift that the body experiences as a relief and a pleasant sensation. It is this process that he suggests can take place in the problems and difficulties of everyday living.

Focusing can be useful to any religious person wishing to better understand his own internal dynamics or to facilitate this process for others. It requires little formal training or study. The chapter titled “The Listening Manual” offers some valuable advice to those with little formal psychological training but who find themselves in positions of direction and/or counseling.

Focusing is easier to do with another person present, even though focuser and listener say nothing at all. The author gives some tips on good listening and expands his comments to include what would more commonly be called giving feedback. He says there are only two reasons for speaking while listening: to show that you understand exactly what the other person has said or meant, or to ask for repetition or clarification. This is not an easy task, as many of us have found out. In a situation in which a greater degree of interaction is called for, Gendlin offers what I myself have long considered the most fundamental and absolute principle of feedback: “Express yourself when you want to make a relationship closer.” Yet, how much criticism, opinion, and anger is voiced in the name of giving feedback? Given this premise, I think it odd that Gendlin goes on to state that you can also express yourself “when you feel like it.” I don’t think these two motivations are always compatible, nor do I think the second is life-giving or relationship-building.

The book’s basic message is: “You have the power to change yourself and actually feel the change happening inside you.” Its optimistic tone and practicality make *Focusing* worth reading.

Trying to Lower Your Blood Cholesterol?

Many people, once they become alarmed about the potentially harmful effects of high levels of cholesterol and fats in the bloodstream (e.g., heart attack, hardening of the arteries), begin to wonder how to cut down on the amount of these substances they eat. The American Heart Association has prepared a recipe book that outlines a low-cholesterol meal plan recommended by scientists who

are concerned about the taste of food, not just its therapeutic aspects. You can order *Recipes for the Fat-Controlled Low Cholesterol Meals* from the American Heart Association, 7320 Greenville Avenue, Dallas, Texas 75231 (Phone: (214) 750-5300), or it can be obtained from your local American Heart Association office. There is no charge for a single copy.

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We know that in the various parts of the world and among the diverse religious communities spread throughout it many new things are being tried and learned about religious formation, dealing with change, aiding the aging and dying, helping novices and seminarians persevere, resisting burnout, selecting candidates for admission, and so on. We want to hear what our readers are doing, what has proved helpful in their lives and work, and (perhaps most instructive of all) what fails and why, so that we can share this information with our entire readership.

We want to hear your ideas, your questions, and your preferences. We need your recommendations and comments on what we print—what disappoints, interests, or puzzles you. We also want very much to publish articles that you have written and feel are pertinent to the needs of our audience, which particularly includes persons who are in leadership roles and who are responsible for religious formation, giving spiritual direction, or pastorally influencing the full development of the people they serve in their ministry. If you don't feel inclined to write an article or a book review, send a note to let us know what topic or issue you want us to cover. Please remember that we firmly believe our efforts will be successful only insofar as they facilitate an exchange of useful ideas and experiences among our readers. To achieve this, as we said in our first issue last spring, "Human Development Needs You."

Gratefully yours,
James J. Gill, S.J., M.D.
Editor-in-Chief